

**POLICIES
AND
PROCEDURES
FOR
NURSE AIDE TRAINING PROGRAM
(NATP)**



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAL ASSISTANCE

Published October 1, 2010

**POLICIES AND PROCEDURES
FOR
NURSE AIDE TRAINING PROGRAM (NATP)**

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CHAPTER 600
CONDITIONS OF APPROVAL

601. General Requirements And Criteria Which Apply To All Programs For Nurse Aide Training Program (NATP) Participation and NATP Student Approval

The Department of Community Health (DCH) is designated to have over-site of the Georgia's Nurse Aide Training and Competency Evaluation Program. The State Contractor is appointed by DCH to administer and oversee the Nurse Aide Registry and Nurse Aide Training Program. The State Contractor must ensure that the approved Nurse Aide Training Programs and the Nurse Aide Registry is in compliance with the Code of Federal Regulations as stated in 42CFR483.150-158 and with State guidelines.

A Nurse Aide Training Program (NATP) is a State approved program which is Nursing Home Facility based or non Nursing Home Facility based and offers training to candidates that desire to become eligible for certification as a certified nurse aide. Georgia requires the program to provide one comprehensive course to train candidates to work in all health care facilities (e.g. nursing homes, hospitals, hospice, home health, etc.). Georgia requires a minimum of eighty-five (85) hours of training which must include twenty-four (24) hours of clinical rotation in a nursing home supervised by an approved Registered Nurse or Licensed Practical Nurse. The 85 hours required by the state must be spent on the Federal/State Core Curriculum. All additional subject matter hours must be added to the required hours for the nurse aide training program. Orientation to the nursing homes can not be included in the twenty-four (24) hours of clinical.

After the completion of the State approved training program the candidate must take and pass the competency evaluation examination. The examination includes a written/oral and skills competency examination that is evaluated by an approved Registered Nurse with the approved testing agency. Candidates who successfully pass the written/ oral and skills competency examination are included on the Georgia Nurse Aide Registry.

Candidates must renew their certification every two years in order to stay active on the Georgia Nurse Aide Registry. In order to remain on the registry and to be eligible to work in a licensed facility, the nurse aide must meet the requirements for re-certification. Federal Regulations require that the nurse aide must be compensated as a CNA, and work a minimum of eight hours within the last twenty-four (24) consecutive months under the supervision of a Registered Nurse. If the nurse aide is unable to meet this requirement, then the nurse aide must take and pass the written/ oral and skills competency examination again in order to update their certification. If the CNA's certification is expired for three or more years from the date of the last re-certification date then a new State approved Nurse Aide Training Program must be completed.

NOTE: NATPs are to inform program applicants, prior to their acceptance, that adverse information on criminal background checks does hinder an individual from obtaining employment.

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Applicants should be made aware that the applicant has to pass a background screening successfully (per GA article 14 and the addendum 31-7-350) before and/or during working in any long term care facility, prior to participating in the NATP.

602 Enrollment Procedures

Nursing facilities or non nursing facilities entities can contact the State Contractor to obtain an application to enroll into a State approved Nurse Aide Training Program. The application can be obtained in writing or by telephone to:

Georgia Nurse Aide Training Program
1455 Lincoln Parkway East, Suite 750
Atlanta, GA 30346
678-527-3010 or 800-414-4358

The application process for new approvals is reviewed within 90 days of submission by the State Contractor. The Nursing Home Facility or non Nursing Home Facility will be contacted in writing via mail or e-mail by the State Contractor with a decision to approve, request additional information or deny the application. Re-approvals are reviewed within 45 days of submission by the State Contractor and a decision to approve, request for additional information or denial is sent by the State Contractor in writing or via e-mail.

602.1 Enrollment Application

The NATP application, which will be reviewed by the State Contractor should include copies of the following:

- Rev. 10/09
- a) Program content and length which includes lesson plans, quizzes, exams, handouts, games, pamphlets and skills performance checklist. (see chapter 800)
Lesson plans can not be purchased from another nurse aide training program; the lesson plans should be unique for the individual program;
 - b) Training program office policies must include the Code of Conduct in Section 606.1 and when a student will be terminated from the program;
- Rev. 7/09
- c) All programs except nursing homes must have a detailed refund policy;
 - d) Skill procedure breakdowns if not listed in course book;
 - e) Qualifications of instructors (see Chapter 800);
 - f) Appropriate ratio of classroom/clinical instruction to skills training (see section 800);
 - g) Provisions for written evaluation of the program;
 - h) Instructor evaluation form;
 - i) Student evaluation form;
 - j) Criteria for successful completion of program;

- k) Classroom and clinical attendance policies with make-up policy for missed hours included;
- l) Reasonable accommodations for students and prospective students with disabilities;
- m) Equipment list-appropriate furnishing for physical location to meet classroom instruction and skills training needs (equipment can be pending until the approval of the submitted material);
- n) Hourly breakdown form listing separately the time spent in classroom, lab and clinical rotation;
- o) Clinical contract with a Nursing Home Facility;
- p) Business license required for non-facilities based programs (the location of program can be pending until the approval of the submitted material); and
- q) Textbook used for course must be within five (5) years of publishing (the course book will be returned).

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NOTE: Once approved all programs must have a outside company/facility sign with name of program

All applications are processed within 90 days of receipt. The information requested should be submitted in **one packet** along with the completed application to:

Georgia Nurse Aide Training Program
1455 Lincoln Parkway East, Suite 750
Atlanta, GA 30346

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The State Contractor must within 90 days from receipt of the approval packet to act upon the request by:

- (a) Advise the applicant whether or not the program has been approved; or
- (b) Request additional information from the requesting entity
- (c) Requested information must be submitted within 30 days from receipt of request;
- (d) If the requested additional information is received within 30 days of receipt but still incorrect, the applicant will have 10 business days from second request to submit information via e-mail/mail;
- (e) If the second request for information is not received within 10 business days from receipt, the requester must wait 1 year to reapply.
- (f) If first request for additional information is not received within the 30 days from receipt of request, the requester must wait 1 year to reapply

Note: When submitting an approval application with the required materials, please do not use sheet protectors, staples and/or place the material in a notebook or binder. The

information cannot be stored in that manner and the notebook and/or binder will not be returned.

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Reasons for Application Denial

Applications could be denied for the following reasons:

- a. Lack of required information submitted for approval within 30 days from the requested date. After one year, the program can submit again for approval by submitting all the materials required for approval again;
- b. Classroom/ lab is not conducive for learning for non Nursing Home Facility based programs as determined by the on-site visit by the State contractor;
- c. Fraudulent information or documents submitted by Nursing Home Facility or non Nursing Home Facility based programs.;
- d. Starting a CNA course prior to written State approval

NOTE: All program denials must be submitted in writing from the State Contractor indicating the reason for the withdrawal or denial.

NOTE:

To Avoid Unnecessary Delays: Type or print clearly in black or blue ink only. Provide all requested information that applies.

604. Conditions of Approval

Once approved the programs must go through a re-approval process every **two** (2) years. All programs must follow conditions of approval. All programs must provide any additional information requested by the contractor during its review of the program. Send completed re-approval applications to the:

Georgia Nurse Aide Training Program
1455 Lincoln Parkway East, Ste 750
Atlanta, GA 30346

The Program must validate that students who are Georgia Program applicants have two (2) forms of identification. One (1) must be a valid Social Security Card and one (1) must be a Government issued picture identification (ID) upon application of an approved NATP.

NATPs are to inform program applicants, prior to their acceptance, that adverse information on criminal background checks does hinder an individual from obtaining employment.

Applicants should be made aware that the applicant has to pass a background screening successfully (per GA article 14 and the addendum 31-7-350) before and/or during working in any long term care facility. If a person finds that they cannot be hired, usually because it has something to do with their background check as specified in the 31-7-350, because employers will perform a criminal background check.

The Employers must be thorough in their investigations of the past histories of individuals they are considering hiring. In addition to inquiry of the nurse aide registry or licensing authorities, an employer should check information from previous and/ or current employers and make reasonable efforts to uncover information about any past criminal prosecutions.

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The State approved Program Instructor must submit, to the State Contractor, the training schedule *prior* to the start of each class. The NATP is responsible for notifying the State Contractor of any changes to the schedule within five (5) business days after the start of each class.

The classroom and lab must be of sufficient size to accommodate the number of students within each setting. DCH recommends that the classroom and lab should have a maximum of fourteen (14) students per one (1) instructor for **all** programs as determined by on-site visit by State Contractor, *with the exception of the State high school and technical school programs*, where ratios are set per State authority. No student will be added to the roster after the start of each class

The schedule must include:

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1. Start & end dates of class & clinical sessions
2. Start & end times of the class and clinical sessions
3. Clinical site and clinical dates at the site
4. Instructor (s)
5. Student's name, address and phone number

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If a student is unable to pass the skill demonstrations per the skills checklist in the lab, the student will not be allowed to attend clinical until the skill has been mastered in the lab.

Each **clinical rotation** must be limited to fourteen (14) students per one (1) State approved instructor. *No student will be added to the roster after the start of each class.*

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All changes after the initial approval must be submitted in writing within ten (10) days of change. The change requested cannot be implemented until the State Contractor grants approval.

If a non facility based program physical approved location changes or an additional site is added, the program **must** notify the NATP prior to the move to set up an on-site visit for

the new location. Failure to notify the NATP could result in probationary status and/or withdrawal of program.

604.1 Nurse Aide Training Program Records

Each program must maintain a list of skills and a summary of the knowledge that each student is expected to have upon completion of the training program.

The primary instructor must record the date a student satisfactorily performs each required task or skill and provide a copy of the student's performance record to the student. Upon satisfactory completion of the training program, the student **must** be allowed to take a written or oral competency examination and skills competency demonstration examination from an approved test site.

The training program must retain all required records for at least three **(3) years** including:

- Student attendance sheets
- Skills checklist
- Test scores
- Final exam scores
- Course evaluations
- Copy of training completion certificate given to student
- A form signed by student stating the program evaluation form was given at the end of the course for student to mail back to State Contractor
- Other relevant documentation

All training programs must retain all required records if program **closes** for any reason for three (3) years after close date. A written statement must be sent to the Georgia Nurse Aide Training Program with storage record information and contact person. A training program can not submit another nurse aide training program if previous training records are not available for review.

A Georgia NATP representative will conduct mandatory annual on-site visits to review program and student records. The Contractor reserves the right to conduct additional on-site reviews to verify that a program is in compliance with State and Federal guidelines. Reviews may be initiated at the Contractor's discretion and/ or upon request of DCH. Additional reviews may be conducted by program documentation and/or telephonic review by the representative or by a representative's on-site visit.

****Note: Failure to adhere to any of the above section will result in 1 year's probationary status and/or withdrawal of program.***

605. Program Responsibility at the Clinical Sites

- a. The NATP will be responsible for obtaining a clinical contract with a Nursing Home Facility and renewing that contract every two years. This clinical contract must contain information regarding the responsibilities of both parties;
- b. The NATP will be responsible for all planned clinical sessions for the students;
- c. The NATP will adhere to all requirements from the Nursing Home Facility regarding scheduling, resident assignments, sign-in and out forms for each clinical rotation and providing the names of the students and instructors;
- d. All students must have a Purified Protein Derivative PPD same as TB Test with results prior to attending the clinical site, plus any additional requirements of the clinical site;
- e. The NATP will provide approved instructor supervision for students in the clinical area; the program is responsible for any and all accidents/incidents related to student activities;
- f. The skills must be checked off in the lab setting prior to, “hands on” in the Nursing Home Facility setting;
- g. Allow approximately 10 to 15 minutes during the preclinical conference to inform students of their role in the instructor evaluation process;
- h. The length of the clinical day can not exceed eight (8) hours;
- i. The observation of the student performances must be monitored by the Georgia approved instructor to maintain the safety of the residents;
- j. Instructors and students must wear appropriate uniform to include a name tag that designates the name of the NATP and individual’s status (i.e. student or instructor);
- k. The clinical session must provide experiences that meet the Georgia NATP expected outcomes as outlined in the Code of Federal Regulations;
- l. Students must maintain safe practice at all times to include infection control and respecting resident rights;
- m. The NATP will provide documentation of the required immunizations/tests for instructor(s) and students;
- n. The NATP will abide by all guidelines, policies and procedures mandated by the Nursing Home Facility;
- o. The NATP is responsible for the selection of resident care assigned to the students based on the student check-off in the lab at a 100 percent;

p. The NATP is responsible for notifying the Nursing Home Facility of all schedule changes prior to assigned clinical rotation date;

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q. Instructors and students must report CNA abuse to the appropriate individual at the facility and the Healthcare Facilities Regulation Division (HFR), and

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r. If the instructor works for more than one training program, that instructor can only work with one clinical group at a time.

Note: Clinical background checks are mandated for all nursing facilities as stated in Georgia Code Title 31-7-350-31-7-353

If a Nursing Home Facility receives a sanction and currently has nurse aide training students, the facility can not participate in a nurse aide program for 2 years after completion of the current program.

606. Special Conditions of NATP Student Certification

To be certified in Georgia by the Nurse Aide Training Program (NATP), an individual must meet all program conditions established by the Department of Community Health (DCH).

In addition, an individual must:

1. Apply and be accepted to a Georgia State approved program
2. Complete a minimum of 85 hours in a State approved nurse aide training program, which includes of classroom/lab hours and 24 hours of clinical training within a Nursing Home Facility clinical setting under a Georgia certified trainer.
3. Take the written/oral and skills competency examination. After successful completion of the nurse aide training program and clinical rotation.

The program will issue the student a training program completion certificate, which will allow the student to schedule testing for the written/oral and skills competency examination.

The training program certificate must include:

- (a) Student's name
- (b) Number of program completion hours
- (c) Name of program as listed with the NATP

- (d) Date of program completion
- (e) Signature of program approved representative
- (f) Certificate must be notarized

The student will have three (3) attempts at passing the written/oral and skills competency examination within one year. After the third attempt without passing the competency examination the student must re-take the nurse aide training program again. Once the student has passed the examination with the third attempt the student's name will be submitted for placement on the Georgia Nurse Aide Registry.

606.1 **Code of Conduct**

The Code of Conduct is the professional standards for conduct, attitude, performance and ethics while enrolled in a nurse aide training program including the testing for the State competency examination. This Code of Conduct must be established with each program for students, instructors and/or program coordinators during class, lab, clinical rotation and competency examination. The Code of Conduct must include:

- a. Dress Code including student name tag identification;
- b. Appropriate interaction with instructors, coworkers, residents, etc.;
- c. No personal cell phone usage during class, lab or clinical rotation;
- d. Disruptive behavior or inappropriate language such as profanity or inappropriate discussion of personal problems during any phase of training and testing is not permitted;
- e. Display professionalism and self control in order to meet the demands of the duties as a nurse aide, instructor, program coordinator and director;
- f. Perform no task for which the trainee has not received training;
- g. Practice all safety precautions taught for each lab skill;
- h. Reporting appropriate information such as changes or problems in resident to instructor and/or supervisor;
- i. Follow HIPAA Guidelines; and
- j. Respond to emergencies.

Failure to follow the Code of Conduct is immediate basis for dismissal from the program and/or loss of approval status with the State Contractor. The State Contractor reserves the right to remove approval for teaching/oversight status for program coordinators and/or instructors.

607. **Conditions of Re-approval**

The State Contractor may not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years. A program must notify the State Contractor and the State Contractor must review that program when there are substantive changes made to that program within the 2-year period.

The State Contractor will mail/e-mail re-approval packets to the programs 60 days prior to re-approval date. The cover letter attached to the re-approval packet will show a return date for receipt of the requested information to the State Contractor.

The State Contractor must within 45 days from of a receipt of re-approval packet to act

upon the request by:

- (a) Advise the applicant whether or not the program has been re-approved;
or
- (b) Request additional information from the requesting entity
- (c) Requested information must be submitted within 30 days from receipt of request;
- (d) If requested additional information is received within 30 days of receipt but still incorrect, the applicant will have 10 business days from second request to submit information via e-mail/mail;
- (e) If the second request for information is not received within 10 business days from receipt, the requester must wait one (1) year to reapply and must complete the current class in session;
- (f) If the initial re-approval packet for requested information is not received within 30 days from receipt of request, a second request is e-mail/mailed; and
- (g) If second request is not received within 30 days from receipt of request, the program is listed as expired and no further classes can be held until program is re-approved. (See Appendix K);

Note: There will be no extensions for re-approvals of the nurse aide training program beyond the allotted time listed above. The programs will be allowed to finish the program in progress in accordance with the Code of Federal/State Regulations and will then be listed as “expired” in the nurse aide program database. There will be no further programs until the re-approval process has been completed.

Any material faxed or sent as an e-mail attachment must not exceed 50 pages. Material that exceeds 50 pages must be mailed.

608. Withdrawal of Approval

The State Contractor must withdraw approval of a nurse aide training and competency evaluation program or a NA competency evaluation program should:

- (a) The entity providing the program refuses to permit unannounced visits by the State contractor;
- (b) The program refuses to allow the State contractor proctoring for any of the Program’s training to students;
- (c) The program does not submit re-approval guidelines every two years;
- (d) The program provides or submits false information;
- (e) The State Contractor’s findings of complaints filed against a program are found to be valid; and
- (f) The program refuses to follow State policies or Federal guidelines or the State Contractor recommendations.

Subject to the authority of DCH, the State Contractor may withdraw approval of a nurse aide training and competency evaluation program or nurse aide competency evaluation program if it is determined that any of the applicable requirements are not met by the program and/ or evidence of impropriety or tampering is found upon review and/or findings of conditions documented in sections 603 of this manual.

Should the State Contractor withdraw approval of a nurse aide training and competency evaluation program or competency evaluation program, the State Contractor must notify the program in writing, indicating the reason(s) for withdrawal of approval of the program.

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Students who have started a training and competency evaluation program from which approval has been withdrawn must be allowed to complete the course.

Rev. 07/10

609. Complaint Guidelines

All complaints against a program and/or instructors must be submitted in writing. The complaint should provide as much information as possible. Complaints can be submitted anonymously. If contact information is provided, the nurse aide program will contact the individual making the complaint within ten (10) business days of receipt. The State Contractor will notify the program of the complaint and conduct an investigation within thirty (30) days of notification to the program. If more time is warranted, the program will be notified the investigation is still pending. Depending on the type of complaint, the program will be allowed to finish the current class in session but no further classes can be held until after the investigation is completed. The program will be notified via mail regarding the outcome of the complaint.

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610. Programs on Probation

Any program placed on probation due to non-compliance will be given a one (1) year probationary period.

The following parameters must be followed by the program:

- a. A monthly Program Coordinator's guide must be submitted to the Georgia Nurse Aide Training Program by the 15th of each month for the entire duration of the probationary period- (See Appendix J);
- b. All probations will remain in effect until expiration or may be extended based on the evaluation of the on-site visit or other complaints found to be valid by the State Contractor;
- c. No additional satellite training locations for the program on probation can be approved during the probationary period; and
- d. The program must comply with additional recommendations submitted by the State Contractor.

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Failure to comply with the guidelines set forth for programs on probation could result in withdrawal of program. The State Contractor reserves the right to place

programs on probation or withdraw the nurse aide training program.

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1. Americans with Disabilities Act (ADA) Guidelines of 1990

All programs that have potential candidates with any functional abilities deficit that would require accommodations to safely perform nursing assistant functions must contact Georgia Medical Care Foundation (GMCF) prior to enrollment to discuss the individual's situation.

Functional ability categories that could affect an individual's ability to perform are:

- Physical – gross and fine motor, physical endurance, physical strength mobility
- Sensory – visual, tactile, olfactory, hearing
- Cognitive – reading, arithmetic, analytical and critical thinking
- Interactive – interpersonal, communicative

If yes to one or more of the above categories, please describe in writing the nature of the mental or physical condition, the manner in which it affects the candidate's ability to practice safely and the type of accommodation or teaching method needed.

If a serious problem is identified, the program must follow the ADA guidelines to prove that all requirements are met, which include teaching methods and/or equipment. Reasonable accommodations to be provided upon request for persons with disabilities. The request should be in writing from the student.

612. Appeal Information

DCH has the final decision making authority after conferring with the State Contractor regarding any inquiries of programs or students.

CHAPTER 700
SPECIAL CONDITIONS FOR NURSING HOME BASED PROGRAMS

701. GENERAL CONDITIONS

- a. **The Nursing Home Facility must not use** on a full-time basis any individual as a nurse aide in the facility for more than 4 months unless the individual has completed an approved Nurse Aide Training and Competency Evaluation Program (NATCEP) by the Contractor and is assured competent to provide nursing-related services.
- b. **The Nursing Home Facility must not use** on a temporary, per diem, leased, or on any basis other than as a permanent employee any individual as a nurse aide in the facility, unless the individual meets the requirements described immediately above.
- c. **The Nursing Home Facility must not permit** an individual, other than in a approved training and competency evaluation program by the contractor, to serve as a nurse aide or provide services of a type for which the individual has not demonstrated competency and must not use such an individual as a nurse aide unless the facility has inquired of any State Registry of all individuals that the facility believes will include information concerning the individual.
- d. **The Nursing Home Facility must provide,** for individuals used as a nurse aide by the facility, for an approved competency evaluation program by the contractor and such preparation as may be necessary for the individual to complete such a program.

702. Retraining of Nurse Aides

The Nursing Home Facility must ensure that re-training is not required. This means determining that if, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual performed **at least eight (8) hours** of nursing aide services for monetary compensation, such individual shall complete a new training and competency evaluation program or a new competency evaluation program to qualify for employment.

- All nurse aides must provide proof of employment to update for current or past employers. Proof of employment consists of a copy of pay stub or W-2 form within the past 24 consecutive months.
- All nurse aides working private duty must be under the general supervision of an LPN or RN and provide a notarized letter from employer with the LPN or RN name and license number detailing job duties, length of employment, and state payment was given for services rendered within the past 24 consecutive months.

- If an individual's nurse aide certification has **expired over twenty (24) months**, the **individual must complete** a new training and competency evaluation program or a new competency evaluation program. If an individual's nurse aide certification has **expired three (3) or more years**, the individual must complete **a new state approved training program**; after successfully passing the competency exam, the individual's certification will be updated for two (2) years.

702.1 Staff Development Reviews

The Nursing Facilities must allow the State Contractor to perform a staff development review each year for all CNAs. This is referenced as the Nursing Homes Staff Development Reviews. The nursing facilities that do not have a training program are sent letters by the contractor the first of each month for their review period. The Nursing Home Facility is allowed thirty (30) days after the end of the review period to submit the information. All Nursing Facilities requesting an extension to submit the requested information must submit the request in writing. The maximum limit for the extension is thirty (30) days. **Please print or type the requested information.**

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The State Contractor will mail out a second letter to the nursing home if the requested information is not received within thirty (30) days after the end of the review period noted on the initial letter. The second letter for the requested information must be submitted by the nursing home within ten (10) business days of receipt.

The contractor types out the staff development review report with all the in-services listed and a total number of all CNAs reviewed in the system for each Nursing Home Facility. If a CNA has an expired certification, the contractor notifies either the administrator, director of nursing or staff development review coordinator. The Contractor will list all CNAs with insufficient in-service hours and expired certification. The Contractor reviews the in-services to see if the facility is following the federal guidelines for CNA in-services (see 42CFR483.75). The Contractor will be specific to give the credit for the in-service material.

The contractor will re-review all the hours and certification expiration dates. The Contractor will make out the comment section and any further corrective action plan (CAP) to be added. The contractor checks the file; this is to ensure that if the program had a (CAP) from the previous year, it has been responded to. The staff development report is mailed within 30 days after the completion of the review.

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Facilities are to submit corrective action plans to Georgia Medical Care Foundation, 1455 Lincoln Parkway, Ste 750, Atlanta, GA 30346. The corrective action plans are reviewed for relevancy and specificity. If the compliance plan is approved, an approval letter will generate to the facility within ten (10) business days of receipt. For unacceptable compliance plans, an email/letter is generated to the facility within ten (10) business days of receipt identifying deficiencies and

requesting a revised corrective action plan. Documentation of the approved compliance plan is entered in the NAP database.

Part time and PRN CNAs also need to have in-service hours.

Full time CNAs status works 2080 hour/annually = 12 hours in-service.

Part time CNAs at 20 hours a week = 1040 hours/annually = 6 hours of in-service, etc.

The Nursing Home Facility must provide such regular performance review and regular in-service education to assure that individuals used as nurse aides are competent to perform services as nurse aides, including training for individuals providing nursing-related services to residents with cognitive impairments.

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.

The in-service training must--

- Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year;
- Address areas of weakness as determined in nurse aides'
- Performance reviews and may address the special needs of residents as determined by the facility staff; and
- Address the care of the cognitively impaired for nurse aides providing services to individuals with cognitive impairments, also

Training of nurse aides may be performed under the general supervision of the Director of Nursing (DON) for a Nursing Home Facility; however, the DON is prohibited from acting as the primary instructor or as a program trainer.

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Note: The facility program will also need to meet Healthcare Facilities Regulation Division (HFR) mandatory in-services.

The State Contractor recommends the nursing facilities conduct a competency exam prior to hiring a CNA currently listed on the Nurse Aide Registry.

If the CNA is not competent in skills, i.e. vital signs, etc., the facility should report to the State Contractor so that an investigation of the CNA's training program is executed by the State Contractor.

702.2 Nursing Facilities Receiving Sanctions

The State Contractor may not approve a nurse aide training and competency evaluation program offered by a program, which includes in a facility which, in the previous two years-

(a) **Specific to Nursing Facilities**, has operated under a waiver due to the extent that the Nursing Home Facility engaged the services of a registered professional nurse and the waiver was granted on the basis that the facility is unable to provide nursing care required for a period in excess of forty-eight (48) hours per week;

(b) a program that has been subject to an extended (or partial extended) survey or probation;

(c) a program that has been assessed a Civil Money Penalty (CMP) of not less than \$5,000 or subject to a Federal or State remedy.

Specific to Nursing Facilities, the GMCF may not, until two years since the assessment of the penalty (or penalties) has elapsed, approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in a facility that, within the two-year period beginning October 1, 1988-

(a) Had its participation terminated under Federal or State Policy or State Plan;

(b) Was subject to a denial of payment by Medicare or Medicaid;

(c) Was assessed a CMP of not less than \$5,000 for deficiencies in Nursing Home Facility standards;

(d) Operated under temporary management appointed to oversee the operation of the facility and to ensure the health and safety of its residents; or

(e) Pursuant to State action, was closed or had its residents transferred

703. Prohibition of Charges.

No nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program (including any fees for textbooks or other required course materials).

NOTE: Facilities should refer to the Part II Nursing Home Facility Manual Chapter 1000 for reimbursement Methodology.

704. Reasons for Application Denial (see section 603)

The State Contractor may not approve a nurse aide training and competency evaluation program offered by or in a facility which in the previous two years:

(a) **Specific to Nursing Facilities**, has operated under a waiver due to the extent that the Nursing Home Facility engaged the services of a registered professional nurse and the waiver was granted on the basis that the facility is unable to provide nursing care required for a period in excess of forty-

eight (48) hours per week;

(b) a program that has been subject to an extended (or partial extended) survey or probation;

(c) a program that has been assessed a Civil Money Penalty (CMP) of not less than \$5,000 or subject to a Federal or State remedy.

Specific to Nursing Facilities, the State Contractor may not, until two years since the assessment of the penalty (or penalties) has elapsed, approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in a facility that, within the two-year period beginning October 1, 1988:

- (a) Had its participation terminated under Federal or State Policy or State Plan;
- (b) Was subject to a denial of payment by Medicare or Medicaid;
- (c) Was assessed a CMP of not less than \$5,000 for deficiencies in Nursing Home Facility standards;
- (d) Operated under temporary management appointed to oversee the operation of the facility and to ensure the health and safety of its residents; or
- (e) Pursuant to State action, was closed or had its residents transferred.

CHAPTER 800

PROGRAM PROCEDURES AND CURRICULUM

801. **Requirements for Approval**

For a nurse aide training and competency evaluation program (NATCEP) to have approval by the contractor, the program must have, at a minimum, an eighty-five (85) hour training curriculum. The 85 hours of program includes classroom/lab hours and a mandatory 24 hours of clinical training within a Nursing Home Facility clinical setting. A **maximum of eight (8) hours is allowed** for the training of the NA student per day.

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Lesson plans must have a time allotment each day for the class time and the lab time. The rationale: all instructors will be teaching material in the same time frame to promote compliance with the Federal/State Core Curriculum. The time allotment taken from the lesson plan is recorded on the hourly breakdown form. The total on the hourly breakdown form is recorded on page one (1) of the approval application in whole numbers. The hourly breakdown form and approval application must match.

The skills must be listed on the lesson plan day when demonstrated. The skill is then recorded on the skills checklist. Each skill must reference a page number from the book where the skill format was taken or submit a skill breakdown/rubric. The rationale: each skill using the breakdown/rubric will be taught in the same manner by all instructors. The skills, as listed on the example skills checklist, are compliant with the Federal/State Core Curriculum. Skills can be added to the skills checklist but none of the skills can be deleted.

All skills warrant an instructor demonstration prior to a **required** student return demonstration. Videos are an additional learning aid and do not replace the actuality of an instructor demonstration.

The curriculum of the training program must include the following areas as stated in 42CFR 483.152 and State guidelines:

The **first 16 hours of training** must include these subjects. *This training must be completed before the student has any direct contact with a facility resident.*

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(a) Communication and interpersonal skills **including stress management and chain of command;**

(b) Infection control;

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(c) Safety/emergency procedures, including FBAO & **body mechanics;**

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- (d) Promoting residents' independence;
 - (e) Respecting residents' rights;
 - (f) **Legal/ethical behavior and scope of practice.**

In addition, the training program must provide:

1. Basic nursing- related skills;
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- (a) Taking/recording vital signs and **vital signs parameters**;
 - (b) Measuring and recording height and weight;
 - (c) Caring for the residents' environment;
 - (d) Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor;
 - Shortness of breath
 - Rapid respiration
 - Fever
 - Coughs
 - Chills
 - Pains in chest
 - Blue color to lips
 - Pain in abdomen
 - Nausea
 - Vomiting
 - Drowsiness
 - Excessive thirst
 - Sweating
 - Pus
 - Blood or sediment in urine
 - Difficulty urinating
 - Frequent urination in small amounts
 - Pain or burning on urination
 - Urine has dark color or strong odor
 - **Behavior change**
 - **Talks or communicates less**
 - **Physical appearance/mental health changes**
 - **Participated less in activities or refused to attend**
 - **Eating less**
 - **Drinking less**
 - **Weight Change**
 - **Appears more agitated/nervous**
 - **Appears tired, weak, confused or drowsy**
 - **Change in skin color or condition**
 - **Requires more assistance with dressing, toileting, transfers**
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- (e) Recognizing pain and reporting to supervisor; and
- (f) Caring for residents when death is imminent and post mortem care.

2. Personal care skills, including, but not limited to:

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- (a) Bathing (**to include observation for pressure ulcers**);
- (b) Grooming, including mouth care;
- (c) Dressing;
- (d) Toileting;
- (e) Assisting with eating and hydration;
- (f) Proper feeding techniques;
- (g) Skin care; **to include pressure ulcer observation and skin tears**; and

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- (h) Transfers, positioning, and turning (**to include observation for pressure ulcers**).

3. Mental health and social service needs:

- (a) Modifying aide's behavior in response to residents' behavior, **including depression**;
- (b) Awareness of developmental tasks associated with the aging process;
- (c) How to respond to resident behavior;
- (d) Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity;
- (e) Using the resident's family as a source of emotional support;
- (f) **Spiritual and cultural needs of the residents; and**
- (g) **Emotional and mental health needs of the residents.**

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4. Care of cognitively impaired residents:

- (a) Techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer's and others);
- (b) Communicating with cognitively impaired residents;
- (c) Understanding the behavior of cognitively impaired residents;
- (d) Appropriate responses to the behavior of cognitively impaired residents;
- (e) Methods of reducing the effects of cognitive impairments; and
- (f) Spiritual and cultural health.

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5. **Basic restorative services-The nurse aide should be able to demonstrate skills which incorporate principles of restorative nursing, including:**

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- (a) Training the resident in self care according to the resident's abilities;
- (b) **Ambulation with/without a gait belt;**
- (c) Use of assistive devices in transferring, ambulation, eating, and dressing;
- (d) Maintenance of range of motion;
- (e) Proper turning and positioning in bed and chair;
- (f) Bowel and bladder training; and
- (g) Care and use of prosthetic/orthotic devices and **eyeglasses.**

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6. Residents' Rights.

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- (a) Providing privacy and maintenance of confidentiality;
- (b) Promoting the residents' right to make personal choices to accommodate their needs;
- (c) Giving assistance in resolving grievances and disputes **(to include the role of the Ombudsman);**
- (d) Providing needed assistance in getting to and participating in resident and family groups and other activities;
- (e) Maintaining care and security of residents' personal possessions;
- (f) Promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff; and
- (g) Avoiding the need for restraints in accordance with current professional standards.

7. Include at least 24 hours of supervised practical training. Supervised practical training means the student has training in a laboratory or other setting in which the trainee demonstrates knowledge and proper technique while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse. The supervision of the registered nurse or a licensed practical nurse should ensure that students do not perform any services for which the student has not trained and been found proficient by the instructor.

802. Requirements of Program Coordinators and Instructors

The Program Coordinators and Instructors who train nurse aides are required to meet the following requirements;

- (a) Program Coordinator-
The training of nurse aides must be performed by or under the

general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience. At least 1 year of this nursing experience must be in the provision of long term care facility services;

(b) RN/ LPN Instructors-

Must have at least 1 year of nursing experience.

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Duties of a Program Coordinator include but are not limited to: overseeing the program in its entirety; all necessary paperwork for on-site review is in order; assisting instructor in resolving any issues with students; making occasional on-site visits to classroom/lab and clinical sites to ensure proper instruction is taking place and documenting those visits; assisting with compilation of material presented for the approval or re-approval prior to submitting to the Georgia Nurse Aide Training Program.

Program coordinators and instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides and attend the Georgia Train-the-Trainer workshop; **All instructors must be approved by the contractor prior to instructor teaching.**

Registered Nurse or Licensed Practical Nurse must have a current active Georgia Nursing License in good standing with Georgia Board of Nursing. License cannot have the following status codes: probation, suspended, expired, lapsed, inactive, pending, renewal pending, revoked or surrendered.

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The request for this approval must be submitted in writing along with copies of personal resume, current GA LPN/RN License and Train-the-Trainer Certificate to the contractor.

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Program Coordinators and instructors must register for the Train-the-Trainer workshop on the web site at www.ghp.ga.gov. If a registered participant arrives to the two day workshop on the second day with out having completed the first day of the workshop, the individual will be required to attend both days in the manner of order. The individual will not be allowed to remain as a participant for the second day but must register for another workshop in order to attend for subject matter sequence.

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A request for temporary approval for an instructor and/or program coordinator must be submitted in writing. The temporary approval is granted for sixty (60) days on the intention that the Train-the-Trainer workshop will be attended within that allotted time. If the instructor and/or program coordinator does not attend the required Train-the-Trainer workshop within sixty (60) days, the individual's name is removed from the program and no further teaching can be conducted until the workshop is completed. Temporary instructor and/or program coordinator approval

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is granted at the discretion of the State Contractor.

In a facility-based program, the training of nurse aides may be performed under the general supervision of the director of nursing for the facility who is prohibited from performing the actual training.

Other personnel from the health professions may supplement the instructor, including, but not limited to, registered nurses, licensed practical/vocational nurses, pharmacists, dietitians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and resident rights experts.

Note: Supplemental personnel must have at least 1 year of experience in their fields;

803. Requirements for Programs

The Nurse Aide Training Program must assess each potential student prior to allowing the student to enroll in a nurse aide training program for competency to perform **all** requirements listed in the Code of Federal Regulations. Student must be able to perform **all** skills required in the Code of Federal Regulations.

The program must allow an on-site visit to make sure the environment is conducive for learning and to check the lab for the necessary equipment needed to conduct the nurse aide training program. **If the environment is not adequate for conducive for learning; the approval of the program site will not be approved.**

NOTE: The classroom and lab must be of sufficient size to accommodate the number of students within each setting. DCH recommends that the classroom and lab should have a maximum of fourteen (14) students per one (1) instructor for **all** programs, *with the exception of the State high school and technical school programs*, where ratios are set per State authority. The classroom and lab must be kept clean at all times.

A program will have a yearly on-site visit from the contractor to review program, student records and classroom/lab areas. If the program is found to be out of compliance by the State Contractor the program's approval could be withdrawn.

A program **must** give each student a copy of the program evaluation form which is included in the program's approval/re-approval application packet received from the contractor.

The program must keep a sign-in sheet, with the student's signature, in each student's file which verifies that the program evaluation form was given to the student at the end of the course. This ensures that the student is given an opportunity to give feed-back on programs to the contractor.

804. Nurse Aide Competency Evaluation.

The skills demonstration must consist of a demonstration of randomly selected items drawn from a pool consisting of the tasks generally performed by nurse aides. This pool of skills must include all of the personal care and/or restorative care skills listed in Section 801. The skills competency exam consists of a total of five (5) skills performed by nurse aide.

The competency examination must be administered and evaluated only by DCH or the DCH approved entity, such as the contractor, which is neither a skilled Nursing Home Facility that participates in Medicare nor a Nursing Home Facility that participates in Medicaid.

The skills demonstration part of the evaluation must be performed in a facility or laboratory setting comparable to the setting in which the individual will function as a nurse aide; and must be administered and evaluated by a registered nurse with at least one year's experience in providing care for the elderly or the chronically ill of any age.

DCH may permit the competency evaluation to be proctored by facility or program personnel if DCH finds that the procedure adopted by the facility or the program assures that the competency evaluation program-

- (a) Is secure from tampering;
- (b) Is standardized and scored by a testing, educational, or other organization approved by the State;
- (c) Requires no scoring by facility or program personnel; and
- (d) The competency evaluation may be conducted at the facility in which the nurse aide is or will be employed unless the facility is described in **Chapter 700**.

The Georgia Nurse Aide Program has an outside testing agency to administer the written/ oral and skills competency examination. The nurse aide candidate must receive a Georgia Nurse Aide Candidate Handbook and testing application from the program, the website- www.pearsonvue.com or the Georgia Nurse Aide Registry at 678-527-3010 or 800-414-4358. The candidate handbook will have the following information needed for testing:

- a. Introduction of the testing agency- currently utilizing Pearson Vue Testing Agency;**
- b. Eligibility Requirement;**
- c. Application and Scheduling Requirements;**
- d. Cancellation and Rescheduling Requirements;**
- e. Requirements for the Written or Oral Examination;**

- f. Sample Written/ Oral Questions- sample test also provided on the website at www.pearsonvue.com;
- g. The Skills Evaluation Requirements;
- h. Listing of the Skills along with the Procedure Breakdown;
- i. Exam Results;
- j. Registry Information.

The testing applications must be submitted to the address on the application along with all the requested information and fees. It will take twelve (12) business days to process all applications. Once the application is reviewed and processed the nurse aide will receive an admission ticket with instructions regarding examination location and time of examination. If the application is incomplete the candidate will receive a deficiency letter requesting additional information and the application processing time frame will start over again.

Once the written/oral and skills competency testing is passed the testing agency will electronically transmit this information to the Georgia Nurse Aide Registry. The Georgia Nurse Aide Registry will have ten (10) business days to place the nurse aide's information on the registry. The Certified Nurse Aide will receive a Georgia Nurse aide Certification Card within fourteen (14) business days after being placed on the registry.

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All in-facility testing nurse aide training programs must submit the completed application with testing fees to NACES within five (5) days of completion of the program.

NOTE:

DCH reserves the right to or permit the Contractor to supervise and oversee any facility based or non facility based program proctoring, at any time, without notification to the program.

DCH must and will retract the right to proctor Nurse Aide Competency Evaluations from facility based or non facility based programs in which DCH finds any evidence of impropriety, including evidence of tampering by or tampering allowed by the Facility and/or Program Staff.

DCH has a standard for satisfactory completion of the competency evaluation program. The individual's record of successful completion of the competency is to be reported to the Contractor within 30 days of the date, if the individual is found to be competent.

If the individual does not complete the evaluation satisfactorily, the individual must be advised of the areas which he or she did not pass; and that he or she has three (3) opportunities to take the evaluation within twelve (12) months after the completion of the program.

If the competency evaluation program is not completed satisfactorily within the 12 months period, the individual must enroll in a state approved NATP for retraining.

Note: The exam must be administered at an approved test site by approved staff, which is determined by the Contractor.

DCH reserves the right to terminate the NATP and withdraw approval of any program that evidence of impropriety or tampering is found upon review and/ or findings of conditions documented in Sections 903-908 of this manual.

805. Nurse Aide Registry

DCH has established and maintains a registry of nurse aides. All persons who have successfully passed evaluation and testing will be added to the registry which is managed by the contractor. The contractor is contracted by DCH to oversee the daily operation and maintenance of the registry, while DCH maintains accountability for overall operation of the registry and compliance with these regulations. The registry contains information on each individual who has successfully completed a nurse aide training and competency evaluation program which meets the requirements of Sections 800 and has been found by the State Contractor to be competent to function as a nurse aide or who may function as a nurse aide because of meeting criteria in Section 800.

805.1 Adverse Findings

The registry contains the individual's full name, including information necessary to identify each individual, and the date the individual became eligible for placement in the registry through successfully completing a nurse aide training and competency evaluation program or by meeting DCH requirements. This information is collected for administrative purposes only.

The registry also contains information on any finding by the State survey Agency of abuse, neglect, or misappropriation of property by the individual, including documentation of the State's investigation, including the nature of the allegation and the evidence that led the State to conclude that the allegation was valid; the date of the hearing, if the individual chose to have one, and its outcome. A statement made by the individual disputing the allegation, if he or she chooses to make one, will be included in the registry. All information must be included in the registry within 10 working days of the finding and must remain in the registry permanently, unless the finding was made in error, the individual was found not guilty in a court of law, or DCH is notified of the individual's death.

Adverse findings on a nurse aide record such as neglect, abuse and/or misappropriation of funds are placed on the nurse aide registry permanently. The records are retained permanently which means the nurse aide cannot work in any Long Term Care Facility. Only the finding of neglect can be petitioned to be removed after one year of incident.

A CNA may petition one (1) time to get their name removed from the registry for neglect, *only*, as provided by the Social Security Act 1819(g)(1)(D) and 1919(g)(D). This provision includes addressing the removal of the name of a nurse aide from the nurse aide adverse registry in limited circumstances, such as in the case of the finding of neglect during an investigation of allegation(s) the nurse aide may petition the state to have his or her name removed from the registry if the state determines that the employment and personal history of the nurse aide does not reflect a pattern of abusive behavior or neglect and the neglect involved in the original finding was a singular occurrence. The law requires that a determination on a petition for removal cannot be made prior to the expiration of one (1) year period beginning on the date, which the name of the nurse aide was added to the adverse file of the registry.

The contractor must disclose all of the information regarding the date the individual became eligible and findings by the State Survey Agency to all requesters and may disclose additional information if deemed necessary.

The contractor will promptly provide individuals with all information contained in the registry on the individual when adverse findings are placed on the registry and upon request. Individuals on the registry must have sufficient opportunity to correct any misstatements or inaccuracies contained in the registry.

The registry provides that any response to an inquiry that includes a finding of abuse, neglect, or misappropriation of property also includes any statement disputing the finding made by the nurse aide, as provided under this section.

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A listing of all nurse aides with findings is located at www.ghp.ga.gov, click on the Provider Information tab, click on view full list under the Banner Message section and click on Nurse Aide Registry Adverse Findings Report.

805.2 CNAs Performing No Nursing-related Services for 24 Consecutive Months

The registry must remove entries for individuals who have performed no nursing-related services for a period of 24 consecutive months, unless the individual's registry entry includes documented findings of abuse, neglect, or misappropriation of property.

If, since an individual's most recent completion of a training and competency evaluation program, *there has been a continuous period of 24 consecutive months during none of which* the individual performed *at least eight (8) hours* of nursing aide services for monetary compensation, **such individual shall complete a new training and competency evaluation program or a new competency evaluation program to qualify for employment.**

- All nurse aides must provide proof of employment to update for current or past employers. Proof of employment consists of a copy of pay stub or W-2 form within the past 24 consecutive months.
- All nurse aides working private duty must be under the general supervision of an LPN or RN and provide a notarized letter from employer with LPN or RN name and license number detailing job duties, length of employment, and state payment was given for services rendered within the past 24 consecutive months.
- If an individual's nurse aide certification has expired over twenty (24) months, the individual must complete a new training and competency evaluation program or a new competency evaluation program. If an individual's nurse aide certification has expired three (3) or more years, the individual must complete a new state approved training program; after successfully passing the competency exam, the individual's certification will be updated for two (2) years.

805.3 Certification Renewal

The nurse aide must renew their certification every two years from date of original certification. The registry will send out renewal forms 60 days prior to expiration date. **It is the responsibility of the nurse aide to renew their certification and to make sure the registry has the correct mailing address for that nurse aide.** Nurse aides should return all renewal forms immediately.

Information regarding the registry should be provided promptly by the nurse aides, such as name change, address change, employer change, etc. Please allow 14 days from date of receipt for processing by the nurse aide registry.

805.4 Access to the Georgia Nurse Aide Registry

The registry is sufficiently accessible to the public and health care providers, including home health care providers. You may access the registry by calling 678.527.3010 or 1.800.414.4358. The registry is also WEB accessible at www.ghp.georgia.gov site (under the Directories Tab).

Note: Only the State survey and certification agency may place on the registry findings of abuse, neglect, or misappropriation of property.

806. Reciprocity Requirements

Nurse aides transferring from another States nurse aide registry must complete a transfer form.

The reciprocity (transfer) form can be obtained on the web portal at www.ghp.ga.gov, under the Directories Tab or by contacting the Georgia Nurse Aide Registry.

The certified nurse aide must be current, in good standing on the other States registry and have proof of employment within the past 24 consecutive months.

If the nurse aide does not complete and pass the written/oral and skills competency exam within one year of completion in another State's approved training program, ***Georgia will not extend reciprocity.*** The nurse aide must complete a Georgia State approved program and pass Georgia's written/oral and skills competency exam to become certified.

The State Contractor reserves the right to require nurse aides transferring to take the written/oral and skills competency exam.

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An LPN or RN with an active nursing license in Georgia or another state within the U.S. will be required to take the written/oral and skills competency exams. Most Licensed Practical Nurses or Registered Nurses that wish to be placed on the Certified Nurse Aide Registry are usually transferring from another state awaiting licensure with the Georgia Board of Nursing.

An LPN or RN who has applied to take their licensing examination may become certified by completing the first 16 hours of training required before "hands on" patient care and then successfully completing the written/oral and skills competency examination can be on the CNA Registry. A written request for placement on the CNA Registry must be submitted with the following to the Georgia Nurse Aide Registry:

- (a) Transcript from LPN/RN school;
- (b) Copy of the Georgia Board of Nursing verification letter for testing;
- (c) Copy of Social Security Card; and
- (d) Copy of government issued picture identification.

Note: All requests for transfer or placement on the registry will be reviewed within 10 business days of receipt. The individual will receive written confirmation from the contractor of placement or requirements needed for placement on the registry.

807. Charges for Registering Nurse Aides on the Georgia Nurse Aide Registry

DCH does not impose any charges related to registration for individuals to be listed on the registry, therefore Programs may not request or require payment related to registration of an individual.

APPENDIX A

Glossary of Terms

Adverse Findings-

“Adverse Findings” means a Certified Nurse Aide has substantiated finding of caregiver misconduct (resident abuse, neglect of a resident or misappropriation of resident property) by a nurse aide. Adverse findings remain in the CNA record indefinitely unless the individual was found not guilty in a court of law, or the state is notified of the individual’s death.

Certified Nurse Aide (CNA)-

A “nurse aide,” is also known as a nursing assistant. This individual provides direct health care to a client by performing routine patient care duties under a supervision of a registered nurse (RN) or licensed practical nurse (LPN).

Competency Evaluation Program (CEP)-

The “competency evaluation program” is the testing program for the nurse aides that are approved by the Department of Community Health and the State Contractor. Individuals who successfully pass the competency test are included on the Georgia Nurse Aide Registry.

Department of Community Health (DCH)-

The State Department that governs Medicaid in Georgia. The department is designated to have over-site of Georgia’s NATCEP (Nurse Aide Training Competency Evaluation Program).

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Healthcare Facilities Regulation Division (HFR)-

A State Department that investigates and maintains the Nurse Aide Adverse Finding information.

Georgia Health Partnership (GHP)-

The Healthcare Organization of ACS and GMCF, contracted by the DCH to oversee the Nurse Aide Training Program and the Nurse Aide Registry.

GMCF- Georgia Medical Care Foundation (GMCF);

The contractor; this organization is appointed by Department of Community Health (DCH) to administer and oversee the State nurse aide registry and training program.

Non Nursing Facilities

A State approved program in a facility such as a high school, a technical school, a private entity, an acute care facility, or a home health facility.

Nurse Aide-

In this manual, the term “nurse aide” means any individual providing nursing-related services to residents in a Nursing Home Facility, but does not include an individual who is a licensed health professional defined as a physician, physician assistant, nurse practitioner, physical, speech, or occupational therapist, physical or occupational therapy assistant, registered professional nurse, licensed practical nurse, or licensed or certified social worker, or a registered dietician, or someone who volunteers to provide such services without monetary compensation.

Nurse Aide Training Program (NATP)-

A State approved program, which includes Nursing Home Facility based or Non Nursing Home Facility based, that offers training to a candidate that desires to become a certified nurse aide. Georgia requires the programs to provide one comprehensive course to train individuals to work in all health care facilities (e.g. nursing homes, hospitals, hospice, home health, etc.).

Nursing Assistant Services- (see CNA)

Nursing Home Facility-

Any facility who primarily provides skilled nursing care and related services to residents who require medical or nursing care; rehabilitation services to the injured, disabled, or sick; or on a regular basis, health care and services to individuals who because of their mental or physical condition require care and services.

Prohibition-

A “prohibition is a restriction from approving a nurse aide training program based on criteria outlined in federal regulations.

Reciprocity-

“Reciprocity” means to transfer a certified nurse aide certification from one State to another.

Registry-

“Registry” means the Georgia Nurse Aide Registry. Beginning in 1990, the federal government required all states to maintain a registry of individuals who were eligible to work as nurse aides based on the federal and state requirements.

Proctor Nurse-

Somebody who supervises students or an examination, especially in order to prevent cheating.

Substantial Change-

A ‘substantial change’ is any change in the primary instructor, training course instructor, program coordinator, program site, curriculum or clinical site.

Waiver-

A ‘waiver’ is the granting of an exemption to a program from a federal/state requirement or state administrative rule.

APPENDIX B Renewal Forms

STATE OF GEORGIA NURSE AIDE REGISTRY CERTIFICATION RENEWAL APPLICATION

Dear Certified Nurse Aide:

In order to remain on the Registry and to be eligible to work in a licensed facility, you must meet the requirements for Re-Certification. Federal Regulations require that you must have worked as a CNA for pay, a minimum of eight hours within the last 24 consecutive months under the supervision of a Registered Nurse. If you are unable to meet this requirement, you must be **retest** to remain on the Georgia Registry. If your certification expires three or more years from date of last re-certification date, then you must take another State approved nurse aide training program.

You must send the Registry a completed *Application for Renewal as a Certified Nurse Aide*. The form is enclosed, but may be printed from the web site (www.ghp.georgia.gov) or you may request a form via the Interactive Voice Response System (678)-527-3010 or 800-414-4358.

If you **are** currently working as a nurse aide, complete **Section A** of the application form and have your employer sign the form. Submit a copy of check stub and W-2 Form as verification of employment. Private Duty requirements below apply to section A.

If you **are** currently working or have worked private duty employee, please provide proof of income. Acceptable private duty services must be under the general supervision of a LPN/RN. **Please include a Notarized statement with detailed job duties and time frame worked from employer along with LPN/RN signature and license number. Also, attach a copy of check stub or W-2 form as verification of employment. These requirements apply to section A and B. Failure to submit proof will delay your re-certification.**

If you **are not** currently working as a nurse aide, but meet the requirements of 8 hours of work within the last 24 consecutive months, complete **Section B** of the application form. Private duty requirements above apply to Section B.

Please be sure to include your signature and the signature of your current employer, if applicable in the space provided. **Please do not fax certification renewal forms to us. We must have the form with original signatures.**

You will be issued a new certification card identifying the new two-year expiration date. If your name changes within the next 24, months fill out a Change of Name Form. If your personal information (address, phone, employer) changes within the next 24 months, please fill out a Change of Personal Information form and mail it to the Georgia Nurse Aide Registry PO Box 7000 McRae, Georgia 31055-7000. You may request a form for *Change of Name* or *Change of Personal Information* via the Interactive Voice Response System (or request the *Change of Name* form or make an online request for *Change of Personal Information* via the GHP website www.ghp.georgia.gov).

Failure to return the *Application for Renewal as a Certified Nurse Aide* will result in your name being removed from the Georgia Registry and you will not be eligible to be hired as a nurse aide by a licensed facility. If you have any questions or need additional information, please call the numbers above. Thank you for your cooperation.

Sincerely,
Georgia Nurse Aide Registry

**STATE OF GEORGIA
NURSE AIDE REGISTRY
APPLICATION FOR RENEWAL AS A CERTIFIED NURSE AIDE**

(PLEASE PRINT)

Name:

LAST FIRST MI

ADDRESS: _____
Street/Apt Number

City State Zip Code

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____ Email Address: _____

I certify that all the information on this form is true and complete.

X _____ **X** _____
SIGNATURE OF NURSE AIDE **DATE**

Verification of Employment

Section A

If you **are** currently working as a CNA, please complete the information below with your employer's signature along with proof of employment. (i.e. copy of a check stub or W-2 Form) **PRIVATE DUTY** services must be under the general supervision of an LPN/RN. Please include a notarized statement with detailed job duties and time frame worked from employer along with LPN/RN signature and license number. Also, attach a copy of check stub or W-2 Form as verification of employment.

Current Employer (Facility, Agency or Private Duty) ()
Employer's Phone Number

Employer's Address City State Zip Code

Date of Hire **X** **EMPLOYER SIGNATURE** Date

Section B

If you are **NOT** currently working as a CNA, please complete the information below for your most recent job within the prior 24 consecutive months (2 years) as a nurse aide. **Please attach proof of income (i.e. check stub, W-2 or letter from employer – see private duty requirements above or on the front of this form).**

Employer (Facility or Agency Name) ()
Employer's Phone Number

Employer's Address City State Zip Code

Date of Hire Date of Termination

Please return this form to: Georgia Health Partnership, P O Box 7000, McRae, GA 31055-7000 (allow 14 business days for processing)

APPENDIX C Reciprocity Form

STATE OF GEORGIA NURSE AIDE REGISTRY LISTING BY RECIPROCITY GENERAL INFORMATION

Part I: Eligibility

A nurse aide from another state may apply for listing on the Georgia Nurse Aide Registry in lieu of completing a Georgia state-approved Nurse Aide Training and Competency Evaluation Program or state-approved Competency Evaluation Program by meeting the following qualifications. The individual:

1. is currently listed on another state's Nurse Aide Registry with an active status.
2. has no pending or substantiated findings of patient abuse, neglect, or misappropriation of resident/patient property recorded on another state's Nurse Aide Registry.
3. has a valid, government-issued social security card with the name matching the individual's registry listing in the state noted in #1 above.
4. has been employed as a Certified Nurse Aide for at least eight (8) hours, for pay, under registered nurse supervision within the past 24 months.

Part II: Instructions for Application as a Certified Nurse Aide in the State of Georgia

1. In order for the Georgia Nurse Aide Registry to consider you for reciprocity, you must complete Section A, *Application for Nurse Aide Registry Listing by Reciprocity* form.
2. The application requires verification of your most recent nurse aide employment under registered nurse supervision within the past two years. This information is included under Section B. A registered nurse or director must complete the form supervisor at the employing facility.
3. Forward the application to the Nurse Aide Registry in the state where you are **currently certified**. (addresses for other state registries are available under Nurse Aide Program "Links and Lists" on the GHP Portal-www.ghp.ga.gov)
4. The Nurse Aide Registry in the state you are **currently** certified will complete Section C and then forward the application to the Georgia Nurse Aide Registry. Upon receipt, the Georgia Nurse Aide Registry will consider reciprocity, that is, adding you to the Georgia registry without taking the Georgia Written/Oral and Skills Competency Examination. You must meet the eligibility requirements listed in Part I.
5. If no Georgia address is given at time of placement on the Georgia registry a card will not be mailed out. Once you move to Georgia call the nurse aide registry at 678-527-3010 or 800-414-4358 to give a Georgia address and a card will be requested to the correct address.

Part III: Instructions for Out-Of-State Nurse Aide Registry Verification

1. Please complete **Section C** of the Application for Nurse Aide Registry Listing by Reciprocity form. Return to the Georgia Nurse Aide Registry, PO Box 7000, McRae, Georgia 31055-7000.

**STATE OF GEORGIA
APPLICATION FOR NURSE AIDE REGISTRY
LISTING BY RECIPROCITY**

Section A.

Instructions to Nurse Aide Applicant: It is your responsibility to complete Section A and to have Section B completed by your employer. Mail the form to the Nurse Aide Registry in your state.

(Addresses Included)

(Please Print)

Name (Last) _____ (First) _____ (Middle) _____

Social Security Number # _____

(Attach a legible COPY of Social Security Card, Government Issued Picture ID and current State certification card)

Date of Birth _____ Mother's Maiden Name (Last Only) _____

Address _____

Area Code & Home Phone Number _____

Area Code & Work Phone Number _____

Request transfer from the State of _____ Certification # _____

I hereby apply for listing on the Georgia Nurse Aide Registry by reciprocity from the state indicated above. I acknowledge that all information provided in this application and in the enclosed documents is true and accurate. I understand that information provided under any other pretense is considered fraud, punishable by law, and will result in denial of my being listed on the Georgia Nurse Aide Registry.

Nurse Aide Applicant Signature _____ **Date** _____

Section B: Verification of Employment

This section is to be filled out in completion by a Registered Nurse supervisor or Director at your place of employment within the past two years. The exact dates of employment are required in month/day/year form. **If employer is unavailable for signature, you may submit a copy of paycheck stub, W-2 form, and letter from most recent employer on employer's letterhead.**

I certify that _____, **SS#** _____,
was employed as a nursing assistant and was supervised by a registered nurse from _____
_____ **to** _____.

Date of Hire (mo.day.year) _____ **Last Day Worked (mo.day.year)** _____

Facility Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Signature/Title of Director or RN Supervisor

RN License Number- if applicable

Section C: Out-Of-State Nurse Aide Registry Verification

To be completed by the **REGISTRY** and returned to Georgia Nurse Aide Registry, PO Box 7000, McRae, GA 31055-7000.

____ Is the above applicant currently listed on, or eligible to be listed on your Nurse
Yes No Aide Registry with the requirements of the Omnibus Budget Reconciliation Acts
of 1987 and 1989?

Original Certification Date _____ Certification Expiration Date _____

____ Are there documented findings of abuse, neglect, or misappropriation of
Yes No resident's property listed on the registry for this applicant? If "yes" please
attach a statement.

____ Does your registry have verification that this CNA has worked 8 hours in a
Yes No qualified health setting within the past 24 months? If "yes" please list
employment information.

Employer's Name _____
Address _____

I certify the above information is true in every respect, according to records on file in the office of the undersigned.

Signature _____

Title _____

Agency _____

State _____

Telephone () _____

Date _____

SEAL

APPENDIX D
Change of Personal Information Form

STATE OF GEORGIA
NURSE AIDE REGISTRY
CHANGE OF PERSONAL INFORMATION REQUEST

If your address, contact information, or employer has changed, please fill out this form completely. **Incomplete forms will not be processed. Do not use this form for change of name.** A change of name may be requested by completing a *Change of Name* form that may be obtained via the Georgia Health Partnership website (www.ghp.georgia.gov) or the Interactive Voice Response system by calling the Georgia Nurse Aide Registry at 678-527-3010 or 1-800-414-4358 (toll free).

Instructions: (please type or write legibly so your request may be processed):

1. For identification verification purposes **you must provide the following** information.

Name (Last) _____ **(First)** _____ **(Middle)** _____

Certification or Social Security Number # _____

Date of Birth _____

2. Complete any of the following items that you wish to update.

Personal Information:

Address (street, city, state, zip code, county) _____

Phone Number _____

E-mail Address _____

Fax Number _____

Employer Information:

Employer Name _____

Employer Type (circle one) **Nursing Home – Hospital – Home Health - Other**

Address (street, city, state, zip code, county) _____

Phone Number _____

-
3. Sign and date the form at the bottom.

I certify that the above information is true and complete.

SIGNATURE OF NURSE AIDE

DATE

MAIL TO: Georgia Nurse Aide Registry P.O. Box 7000 McRae, GA 31055-7000

**APPENDIX E
Change of Name Form**

**STATE OF GEORGIA
NURSE AIDE REGISTRY
REQUEST A CHANGE OF NAME**

If your name has changed, please fill out this form completely. Incomplete forms will not be processed. **Do not use this form to change address or employer information.** Address and employer information may be changed online via the Georgia Health Partnership website (www.ghp.georgia.gov), or a *Change of Personal Information* form may be obtained via the Interactive Voice Response system by calling the Georgia Nurse Aide Registry at 678-527-3010 or 1-800-414-4358 (toll free).

Instructions:

1. Provide complete information in the spaces provided.
2. Sign and date the form at the bottom.
3. Provide a copy of either your marriage/divorce decree or a court document that verifies your name change.
4. Return the original certification card.
5. Mail this form, certification card **and** a copy of your legal document to the address listed below.

Previous Name:

Name (Last) _____ (First) _____ (Middle) _____

New Name:

Name (Last) _____ (First) _____ (Middle) _____

Certification Number # _____

Social Security Number # _____

Date of Birth _____

I certify that the above information is true and complete.

SIGNATURE OF NURSE AIDE

DATE

MAIL TO:

**Georgia Health Partnership
Georgia Nurse Aide Registry
P.O. Box 7000
McRae, GA 31055-7000**

APPENDIX G
Program Approval/ Re-Approval Application

Georgia Health Partnership Nurse Aide Training Program Application

Page 1 of 5

(Please print or type)

Rev. 10/09

1. Program Offering Information- (Complete a separate application for each training location)

Legal name of Organization/School/Agency/Nursing Home Facility

Contact Person _____
Name Title

Street _____

City _____ Zip Code _____

County _____

Phone () _____ Fax () _____

E-mail Address _____

Name of Administrator of facility (if applicable) _____

Program (circle one) APPROVAL RE-APPROVAL

Title, author & edition of course book _____

Title of course _____
Classroom/lab/clinical hours must correspond with total number of hours documented on the lesson plans/hourly breakdown form.

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Rev. 7/09

Day class- Whole numbers only- no decimals
Classroom hours ___ Lab hours ___ Clinical hours _____

Rev. 7/09

Night Class- Whole numbers only – no decimals
Classroom hours _____ Lab hours _____ Clinical hours _____

Rev. 7/09

Weekend class- Whole numbers only- no decimals
Classroom hours _____ Lab hours _____ Clinical hours _____

Rev. 04/10

Each time frame requires lesson plans and an hourly breakdown form for each class. A minimum of twenty-four (24) hours of clinical is required in a nursing home.

Anticipated first date of offering _____

Number of projected offerings per year _____

Greatest number of participants in any given offering _____

Rev. 04/10 Recommended student/instructor ratio is 14:1 - in classroom/lab and clinical.
Additional students require an additional instructor.

Rev. 04/10 Location of Classroom Training Site: (for new programs pending until program approval is acceptable)

Describe the classroom and lab space room dimension, including seating capacity, writing space, lighting and temperature control:

Location(s) of Clinical Training Site(s)

Agency	Address	Type of patient care unit

Rev. 04/10 2. Faculty- For this location only

Program Coordinator - must be a RN with 2 years of nursing experience and one (1) year employment in a nursing home.

Please review the enclosed Program Coordinator's Guide for position guidelines.

<u>Name</u>	<u>Title</u>	<u>GA License Number</u>

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Primary Instructors (RN or LPN)- For this location only

<u>Name</u>	<u>Title</u>	<u>GA License Number</u>

*** Only Nurse Aide Competency Evaluator Services (**NACES**) can administer the written/oral and skills competency exam to students for all programs including students testing for re-certification. Information provided at www.Pearson VUE.com.

Expert Supplemental Instructors (attached additional pages if necessary)
 List the name, profession and work experience of each health care professional utilized to **assist** in the instruction of the nurse aide course- please review federal guidelines regarding supplemental instructors. Examples - CPR certified instructor, guest speaker on Alzheimer, guest speaker on Ombudsman duties etc.....

Name	Job Title	Work Experience
------	-----------	-----------------

Name	Job Title	Work Experience
------	-----------	-----------------

Rev. 04/10

Name	Job Title	Work Experience
------	-----------	-----------------

First time applicants must submit all items listed below.

Please note any changes to the program during the two (2) year time period between re-approval must be submitted for approval within ten (10) days. The change can not be implemented until approval is granted.

Re-approvals must submit any of the following items listed below that has changed since your last re-approval If no changes have occurred since last re-approval, please check number five (5) listed below

Rev. 04/10

____ Program coordinator/instructor (s) – copy of current nursing license

____ Program coordinator/instructor (s) – copy of the Train-the-Trainer certificate and resume if not on file

___ Copy of business license for private programs only/ in home program-zoning permit
(**PENDING** for new programs is acceptable prior to approval)
(**Submit current business license every two (2) years**)

___ Contract/Agreement for all clinical site experiences **must have a valid expiration date**
(**Pending is acceptable for new programs prior to approval**)

___ Criteria for passing the course

___ Student evaluation form with provision for progress notes

___ Classroom and clinical attendance policies with make-up policy. All nurse aide students must complete the number of hours the program was approved for in order to receive a Certificate of Completion.

___ Program office policies must include a refund policy.

___ Equipment list with lab equipment- (**Pending is acceptable prior to scheduled on-site**)

___ Instructor evaluation form- Do not use the program evaluation form enclosed with approval/re-approval application. The enclosed form is to be given to the student upon the completion of the nurse aide training program. A document must be signed by the student stating the form was received. The student is responsible for mailing or faxing the form to Georgia Health Partnership (GHP).

___ Skills performance checklist must follow the Federal/State Core Curriculum Skills Checklist (enclosed with approval/re-approval packet). Additional skills can be added but none can be deleted. All skills on the skills checklist must appear on lesson plans on the appropriate day the skill will be demonstrated. Skills must either be taken from the textbook rubric or created by the program. The competency skills are not to be used for teaching purposes until the completion of the nurse aide training program.

___ Federal guidelines curriculum with page numbers listed from text book next to each subject & hours for first six (6) subjects. The first six (6) subjects require sixteen (16) hours prior to "hands on" care during skill performance. Observation of the first six (6) subjects are to be included in all student skill performance. All page numbers should be on the lesson plans to ensure Federal/State Guideline compliance. If the book does not meet the criteria, the program must use supplemental material which must be enclosed with the application.

___ Hourly breakdown with breaks and meals deleted. The hourly breakdown form must match time allotments on lesson plans. All time allotments for classroom/lab must be documented on each of the lesson plans. Total number of hours from this form must match the number of hours on page one (1) of this approval packet.

___ Lesson plans, must coincide with skills checklist and hourly breakdown form. Lesson plans must contain all material on the Federal/State Core Curriculum, skills demonstrations and time allotments for classroom and lab.

___ Copies of all quizzes/exams must be attached to the appropriate lesson plan day - A **FINAL** exam is required for each student.

___ Handouts, pamphlets, role plays and/or games must be attached to the appropriate lesson plan day so the instructor will have all the necessary material for a specific day.

___ **Print and review** the Nurse Aide Training Program Manual- (keep on file in office) www.ghp.ga.gov, click on the Provider Information tab, click on view full list under the Medicaid Manuals section. This manual is updated quarterly. **DO NOT SUBMIT A COPY WITH APPLICATION.**

___ **Review** the enclosed copy of the training program completion certificate. All information on the enclosed certificate must be on the certificate issued to the candidate at the **completion** of nurse aide training program course. The date documented on the completion certificate should be the date of the completion of the program.

- **Certified Nurse Aide Courses can not start without the approval letter from the State Contractor**
- **Reviewer allowed ninety (90) days for review of new programs**
- **Reviewer allowed forty-five (45) days for review of re-approvals**
- **New programs need to call 678-527-3482 to schedule an on-site visit**

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5.

___ No changes have occurred since last re-approval. The program is still utilizing all information listed above since last re-approval. **The following documents must be submitted:**

___ Nurse Aide Training Program Application

___ Clinical contract (s),

___ Updated copies of current nursing licenses for all approved instructors

___ Current business license

___ Enclosed Skills checklist with page/rubric information- additional skills may be added to the skills checklist

___ Updated lesson plans with additional changes listed on the enclosed Federal & State Core Curriculum (changes listed on the enclosed curriculum are bolded)

I certify that all the information on all five pages of the application form is true and complete. False information will delay and/or withdraw the Georgia Nurse Aide Training Program approval/re-approval from the State Contractor.

Preparer's Signature

Date

**Mailing Address:
Nurse Aide Training Program
1455 Lincoln Parkway, Ste 750
Atlanta, GA 30346**

Georgia Health Partnership Nurse Aide Training Program

Policy: Submission of Application (Approval and Re-Approval)

Please read carefully, sign and date at the bottom of the page.

In a minority of cases applications may not be approved or re-approved. In these instances the Georgia Health Partnership (GHP) Nurse Aide Program Reviewers spend an extended amount of time providing one-to-one feedback with applicants giving advice on how and what to include in an application.

The Georgia Health Partnership allows up to three (3) submissions of an application either for approval or re-approval of a Nurse Aide Training and Competency Evaluation Program.

Once an application is denied for the third time, the applicant will be able to submit another application at one year from the date of the last submission and after attendance at another Train-the-Trainer Workshop.

I, the undersigned, attest that I have read the above policy and understand that I have three attempts to submit an application for approval or re-approval. I also understand that within one year from the time of my last application submittal I can again apply for approval or re-approval once I have attended a Train-the-Trainer Workshop.

SIGNATURE

DATE

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**FEDERAL AND STATE GUIDELINES - NURSE AIDE TRAINING
STATE TITLE OF THE BOOK & PLACE PAGE NUMBERS NEXT TO SUBJECT AND
SUBMIT REQUIRED NURSE AIDE TRAINING PROGRAM CURRICULUM**

PART I

At least a total of 16 hours of training in the following areas prior to any direct contact with a resident - include how many hours are spent on each one of the first six (6) subjects. Place the page number(s) from book beside each item listed below.

- Rev. 04/10
- A. Communication and interpersonal skills (to include stress management) & change of command _____ HOURS _____
 - B. Infection control _____ HOURS _____
 - C. Safety/emergency/FBAO/Body Mechanics _____ HOURS _____
 - D. Promoting residents' independence _____ HOURS _____
 - E. Respecting residents' rights _____ HOURS _____
- Rev. 04/10
- F. Legal/ethical behavior and scope of practice _____ Hours _____

PART II

Basic Nursing Skills

- Rev. 04/10
- A. Taking/recording vital signs and vital signs parameters _____
 - B. Measuring and recording height and weight _____
 - C. Caring for the residents' environment _____
 - D. Recognizing abnormal changes in body function and the importance of reporting such changes to a supervisor _____
 - Shortness of breath
 - Rapid respiration
 - Fever
 - Coughs
 - Chills
 - Pains in chest
 - Blue color to lips
 - Pain in abdomen
 - Nausea
 - Vomiting
 - Drowsiness
 - Excessive thirst
 - Sweating
 - Pus
 - Blood or sediment in urine
 - Difficulty urinating
 - Frequent urination in small amounts
 - Pain or burning on urination
 - Urine has dark color or strong odor
- Rev. 04/10
- **Behavior change**
 - **Talks or communicates less**
 - **Physical appearance/mental health changes**
 - **Participated less in activities or refused to attend**
 - **Eating less**

- **Drinking less**
 - **Weight Change**
 - **Appears more agitated/nervous**
 - **Appears tired, weak, confused or drowsy**
 - **Change in skin color or condition**
 - **Requires more assistance with dressing, toileting, transfers**
- E. Observation for and reporting pain _____
- F. Caring for residents when death is imminent and post mortem care _____

PART III

Personal Care Skills, including but not limited to

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- A. Bathing (to include observation for pressure ulcers) _____
- B. Grooming, including mouth care _____
- C. Dressing _____
- D. Toileting _____
- E. Assisting with eating and hydration _____
- F. Proper feeding techniques _____
- G. Skin-care to include pressure ulcer observation & skin tears _____
- H. Transfers, positioning and turning (to include observation for pressure ulcers) _____

PART IV

Mental Health and Social Service Needs

Rev. 04/10

- A. Modifying aide's behavior including depression in response to resident's behavior, including depression _____
- B. Awareness of development tasks associated with the aging process _____
- C. How to respond to resident behavior _____
- D. Allowing residents to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity _____
- E. Utilizing resident's family as a source of emotional support _____
- F. Emotional and mental health needs of the residents _____
- G. Spiritual and cultural needs of the residents _____

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PART V

Care of Cognitively Impaired Residents

- A. Techniques from addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others) _____
- B. Communicating with cognitively impaired residents _____
- C. Understanding the behavior of cognitively impaired residents _____
- D. Appropriate responses to the behavior of cognitively impaired residents _____
- E. Methods of reducing the effects of cognitive impairments _____

PART VI

Basic Restorative Services – The nurse aide should be able to demonstrate skills which incorporate principles of restorative nursing, including:

- A. Training the resident in self-care according to the resident's abilities _____

- B. Ambulation with/without a gait belt _____
- C. The use of assistive devices in transferring, ambulation, eating and dressing _____
- D. Maintenance of range of motion _____
- E. Proper turning and positioning in bed and chair _____
- F. Bowel and bladder training _____
- G. Care and use of prosthetic/orthotic devices and eyeglasses _____

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PART VII

Residents Rights – The nurse aide should be able to demonstrate behavior which maintains residents’ right, including but not limited to:

- A. Providing privacy and maintenance of confidentiality _____
- B. Promoting the residents’ right to make personal choices to accommodate their needs _____
- C. Giving assistance in resolving grievances and disputes (to include the role of the ombudsman) _____
- D. Providing needed assistance in getting to and participating in resident and family groups and other activities _____
- E. Maintaining care and security of resident’s personal possessions _____
- F. Providing care which maintains the resident free from abuse, mistreatment and neglect and reporting any instances of such treatment to appropriate facility staff _____
- G. Avoiding the need for restraints in accordance with current professional standard _____

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**Reference: Federal Register/Vol.56, No. 187, Subpart D, Sec. 483.152, (b), (1-7).
State of Georgia Nurse Aide Training Manual**

NURSE AIDE TRAINING PROGRAM

***All supplies must be stocked in adequate supply at all times
SUPPLIES MUST BE ADEQUATE FOR THE NUMBER OF
STUDENTS ATTENDING***

ENVIRONMENTAL CLEANLINESS MANDATORY

Rationale for equipment - to recreate a resident's room in the nursing home	DATE	COMMENT
Table/desk/chairs		
Whiteboard - large		
TV/VCR		
Videotapes		
Reference Books		
Disposable gloves - varied sizes		
Hospital Bed - rails optional - must raise to working height		
Mannequin (complete with interchangeable M/F parts)		
Call Light		
Overbed Table		
Bedside Table with drawers for equipment placement		
Wheelchair with footrest and brakes		
Geri chair (optional for private programs and schools)		
Lift (optional for private programs and schools)		
Restraints for slip knot		
Heel/Elbow Protectors		
Walker with wheels		
Quad Cane		
Gait Belt		
Ambulatory scale/height measuring device (optional)		
Non-electronic/non-digital standing or bathroom scale		
Waste basket with plastic liner		
Tongues blades for stool specimen - five (5)		
Measuring tape for the height of bedridden		
Graduated cylinder - CLEAR PLASTIC		
Bedpan (standard and fracture)		
Urinal - MALE		
Bedside Commode		
Speci Pan		
Chux - package		
Incontinent Briefs - package		
Specimen cup/biohazard bag		
Foley Catheter with closed drainage system		
Alcohol Wipes - box		
Sphygmomanometer - Manual		
Thermometer Covers - Disposable - box		
Thermometer – Digital or Electronic - several		
Thermometer - mercury-free oral/rectal - several oral		

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Stethoscopes - several		
Teaching Stethoscope		
Hamper with red biohazard bag for gown disposal		
Isolation gowns - package		
Masks - box		
Eye Protection - several		
Sharps Container – Puncture Resistant for razors		
Washcloths-2		
Towels-2		
Twin Blanket-2		
Twin Bedspread-2		
Pillowcases–2		
Flat twin sheet-4-can use for draw sheet or bottom sheet		
Fitted twin sheet-2		
Hospital Gown-2		
Orange Sticks/emery boards - box		
Toothbrush/toothpaste/floss for instructor demonstration		
Denture cup/Dentures/ Denture Brush		
Toothettes - box		
Disposable Razors/Shaving Cream - several razors		
Wash Basin		
Soap Dish/Soap or Liquid Soap		
Emesis Basin		
Hair Brush		
Water Pitcher/Cup/ Straws		
Food Tray/Clothing Protector/Plate/glass/Silverware		
Anti-embolic stockings		
Pillows for head of bed and alignment - Six (6)		
Sink – H/C water		
Privacy curtain		
Heated/cooled environment		
Environmental cleanliness includes equipment		
Room accommodation for how many students-class/lab		
REQUIRED CLASSROOM EQUIPMENT MUST BE IN CLEAN AND IN GOOD WORKING CONDITION		

Optional – Private programs, technical colleges and high schools may use “optional” equipment in a Nursing Home Facility for training – student must have skill checked off prior to working with residents requiring this equipment. Private programs, technical colleges and high schools - weights must be taught and demonstrated in the nursing home. For teeth brushing demonstration have students bring own toothbrush and floss from home. For hair brushing demonstration have students bring hair brush from home.

12/09

NURSE AIDE TRAINING PROGRAM EVALUATION

Please complete this evaluation after you have completed the Nurse Aide Training Program

Returned to: GEORGIA HEALTH PARTNERSHIP,
NURSE AIDE TRAINING PROGRAM
1455 Lincoln Parkway East, Suite 750,
Atlanta, Georgia 30346
FAX: 678-527-3034

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Name of Nurse Aide Training Program: _____

Name: _____

Address: _____

- How many hours per day did you attend class - did you feel that the amount of hours were adequate for your learning needs? Hours: _____ YES or NO
- What time did the classroom hours begin and end? Begin _____ End _____
- How many hours did you attend clinical? Hours: _____
- Did the instructor portray a professional mannerism? YES or NO
Comments _____
- Was the instructor knowledgeable on nurse aide training? YES or NO
Comments _____
- Was the instructor on time for classes and clinical rotation? YES or NO
Comments _____
- What was the name of your primary nurse aide training instructor?

- Did you have the same instructor throughout the class? If not list each instructor. If not a RN/LPN, what was the instructor's title? YES or NO
Comments _____
- Are you comfortable taking care of residents of a long-term care facility based on the classroom/lab and clinical training you received? YES or NO
Comments _____
- Was time allotted for the skills to be checked off with 100% accuracy in the lab portion of your training prior to clinical rotation? YES or NO
Comments _____

NURSE AIDE TRAINING PROGRAM EVALUATION

- Was the clinical rotation long enough for you to feel comfortable in caring for residents of a long-term care facility? YES or NO
Comments _____
- Was the instructor with you at all times during your clinical rotation? YES or NO
Comments _____
- Was there time allowed for questions to be answered? YES or NO
Comments _____
- Do you feel you received a quality education? YES or NO
Comments _____
- Would you recommend this Nurse Aide Training Program to a friend? YES or NO
Comments _____
- Did you perform vital signs (temperature, pulse, respiration and blood pressure) in the classroom and during clinical rotation? YES or NO
Comments _____
- Do you feel confident performing vital signs accurately? YES or NO
Comments _____

Additional Comments are welcomed: _____

**GEORGIA HEALTH PARTNERSHIP
NURSE AIDE TRAINING PROGRAM**

Program Coordinators:

By signing, you are acknowledging the fact that when a change to the nurse aide training program is made Georgia Health Partnership must be notified in writing of the change. This includes any subject from pages one (1) – five (5) of the approval/re-approval packet.

Information must be **submitted within ten (10) business days** of the change. All changes must be approved prior to implementation.

Send information to: Georgia Health Partnership
Nurse Aide Training Program
Suite 750
1455 Lincoln Parkway East
Atlanta, GA 30346-2200

Failure to submit the information will result in disciplinary action and/or withdrawal of the nurse aide training program.

Signature: _____

Date: _____

REQUIREMENTS FOR PROGRAM COORDINATOR & PRIMARY INSTRUCTORS

Approved Nurse Aide Training Programs must designate a Program Coordinator and Primary Instructor(s). Programs cannot commence training until these individuals are approved.

Program Coordinator

Program Coordinator - must be a RN with 2 years of nursing experience as RN with 1 year experience in a long-term care facility (nursing home). Duties of a Program Coordinator include but are not limited to: overseeing the program in its entirety; all necessary paperwork for on-site review is in order; assisting instructor in resolving any issues with students; making occasional on-site visits to classroom/lab and clinical sites to ensure proper instruction is taking place and documenting those visits; assisting with compilation of material presented for the approval or re-approval prior to submitting to the Georgia Nurse Aide Training Program.

The facility administrator/director must mail a letter requesting approval for the RN to serve as Program Coordinator for the Nurse Aide Training Program. Include with the letter a copy of the nursing license, a resume, and a copy of the Train-the-Trainer Workshop certificate.

Requirements are as follows:

- Registered Nurse with current active Georgia License and in good standing with the GA Board of Nursing- License can not have the following status codes- probation, suspended, expired, lapsed, inactive, pending, renewal pending, revoked or surrendered
- Two (2) years of nursing experience, at least one of which must be in the provision of long term care facility services (nursing home)
- Train-the-Trainer Workshop attendance certificate from Georgia Health Partnership
- The Director of Nursing may serve as Program Coordinator in a facility based program, but provision for coverage of duties must be assured

Primary Instructors

The Program Coordinator must mail a letter requesting approval for the LPN or RN to serve as Primary Instructor for the classroom and/or clinical portion of the Nurse Aide Training Program. Include with the letter a copy of the nursing license, a resume and a copy of the Train-the-Trainer Workshop certificate. Requirements are as follows:

- Registered Nurse or Licensed Practical Nurse with current active Georgia License and in good standing with the GA Board of Nursing- License can not have the following status codes- probation, suspended, expired, lapsed, inactive, pending, renewal pending, revoked or surrendered
- Minimum one year of nursing experience
- Train-the-Trainer Workshop attendance certificate from Georgia Health Partnership

Federal and State Guidelines Core Curriculum

All skills must be addressed for compliancy

Skills listed must be accompanied by a skill procedure step breakdown/rubric or page number from the book next to the subject where the skill breakdown/rubric can be located;

Do not use Candidate Handbook Skills as a substitute;

May use the Candidate Handbook Skills at the completion of the program;

All instructors must teach from the approved skill breakdown/rubric;

Skills must be checked off in the lab and again in the clinical;

EACH SPACE MUST BEAR THE INSTRUCTOR'S INITIALS AND MUST BE DATED WHEN THE STUDENT IS ABLE TO PERFORM THE SKILL AT 100%;

Some skills will apply to only one area; if this is the case, please leave the space blank and;

IF THE STUDENT DOES NOT PASS THE SKILL IN THE LAB THE STUDENT WILL NOT ATTEND CLINICAL ROTATION.

NAME OF NURSE AIDE TRAINING PROGRAM: _____

Student Name: _____

ADDITIONAL SKILLS MAY BE ADDED TO THE LIST	PAGE/ RUBRIC	LAB Initial/date	CLINICAL Initial/date
Communication/ Interpersonal Skills/			
Stress Management/Chain of Command:			
Infection Control:			
• Handwashing - 15 to 20 seconds			
• Donning and removing gloves			
• Donning and removing gloves, gown, mask and eye protection	CDC		
Safety/Emergency:			
• Gait belt			
• FBAO			
• Body Mechanics			
Promotes Residents' Independence:			
• Care plan			
Respecting Residents' Rights:			
• Provides privacy			
• Maintains dignity			
• Confidentiality			
Legal/Ethical Behavior/Scope of Practice:			
• Work ethics			
Vital Signs – record:			
• Temperature - parameters			
• Oral/rectal/axillary - digital			
• Oral/rectal/axillary glass/mercury free			
• Radial pulse - parameters			
• Respirations - parameters			

• Blood pressure - parameters			
• Notebook			
• Black/blue pen			
• Watch with second hand			
Height/Weight – record:			
• Ambulatory scale			
• Needle indicator scale			
• W/C or chair scale (clinical only)			
• Height of the bedridden			
Resident’s Environment:			
• Occupied bed			
• Unoccupied bed			
• Cleanliness of resident’s room			
Observation and Reporting:			
• Pain			
• Hypo/hyperglycemia			
• Respiratory changes/URI			
• MI			
• Pain in abdomen			
• Nausea/ Vomiting			
• UTI			
• Behavioral change			
• Talks or communicates less			
• Physical appearance/mental health changes			
• Participated less than usual in activities or refused to attend			
• Eating less or refusing			
• Drinking less or refusing			
• Weight change			
• Appears more agitated/nervous			
• Appears tired, weak, confused or drowsy			
• Change in skin color or condition			
• Requires more assistance with dressing, toileting transfers			
Caring for resident when death is imminent and post mortem care:			
• Post mortem care			
• Signs and symptoms of death			
Bathing:			
• Complete/Shampoo – observation for pressure ulcers			
• Partial – observation for pressure ulcers			
• Shower/Shampoo – observation for pressure ulcers			
• Tub/whirlpool – observation for			

pressure ulcers (clinical)			
Perineal care male/female – observation for pressure ulcers			
Grooming:			
• Brushing/combing hair			
• Nail care			
• Foot care			
• Shaving			
• Brushing/flossing teeth			
• Dentures			
• Unconscious mouth care			
• Dressing			
• Undressing			
• Anti-embolic stockings			
Toileting:			
• Bedpan/fracture pan			
• Urinal			
• BSC			
• Catheter care - male/female			
• Emptying catheter drainage bag			
• Bowel/bladder training			
• Specimen urine/stool/sputum			
Assisting with feeding:			
• Meal percentage			
• Diet cards			
• Visually Impaired			
Assisting with hydration:			
• I & O (do not use “cc”)			
Proper feeding techniques:			
• Dependent			
Skin care:			
• Skin tears			
• Pressure ulcer prevention devices			
Dressing:			
• Dressing weak side			
Positioning:			
• Lateral/ Sims/ Fowler's/ supine/ prone with use of pillows – observation for pressure ulcers			
Transfers:			
• Bed to chair			
• Chair to bed			
Turning:			
• Toward and away from self			
• Logrolling			
• Resident assist			

Modifying aide's behavior in response to resident's behavior:			
• Communication skills			
• Anger/Depression			
• Sad/crying			
• Anxious/Uncooperative			
Awareness of development tasks associated with the aging process:			
• Activities			
How to respond to resident behavior:			
• Withdrawn			
• Angry			
• Demanding			
Allowing residents to make personal choices, providing & reinforcing other behavior consistent with the resident's dignity:			
• Allowing personal choices			
• Choice of clothing			
• Allowing cultural food choices			
Utilizing resident's family as a source of emotional support:			
• Customer service			
• CNA role in care planning			
Spiritual/Cultural/Emotional/Mental Health Needs:			
Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's & others):			
• Wandering			
• Hoarding			
• Pillaging			
• ADL refusal			
Communicating with the cognitively impaired:			
• Handling repetition			
• Sexually inappropriate			
• Pacing			
• Attempting elopement			
Understanding the behavior of cognitively impaired residents:			
• Stages			
Appropriate responses to the behavior of cognitively impaired residents:			
• Aggressive			
• Combative			
• Hoarding			
• Sundowning			

Methods of reducing the effects of cognitive impairments:			
• Redirection repetitive behavior			
• Music			
• Redirection delusional behavior			
• Reducing environmental stimuli			
• Proper approach			
Training resident in self-care according to the resident's ability:			
• Care plan			
Ambulation with/without gait belt			
Use of assistive devices:			
• Transfer – lift (clinical)			
• Ambulation - cane/wheelchair			
• Eating - plate guard			
• Dressing - clothing reach			
Maintenance of range of motion:			
• PROM			
Proper turning/positioning in bed/chair:			
• Body mechanics			
• One/two assistants			
• Using draw sheet - two			
• Resident assist			
• Positioning in chair/wheelchair			
Bowel/bladder training:			
• Incontinent care			
• Toileting schedule			
Care and use of prosthetic/orthotic devices and eyeglasses:			
• Skin care			
• Pressure sore observation			
• Redness			
• Swelling			
• Care of eyeglasses			
Providing privacy/maintenance of confidentiality:			
• HIPAA			
Promoting the residents' right to make personal choices to accommodate their needs:			
• Bathing time			
Giving assistance in resolving grievances/disputes:			
• Ombudsman			

Providing needed assistance in getting to/ participating in resident/family groups/activities:			
Activities			
Maintaining care and security of resident's personal possessions:			
Admission/transfer/discharge			
Resident's belongings during care			
Avoid the need for restraints in accordance with current professional standard:			
Geri chair (clinical)			
Slip knot			
Restraint alternatives			
<u>Beginning Procedure:</u> Check care plan; Gather equipment; Knock; Ask visitors to step out; Handwashing prior to contact; Gloves if necessary; State intent; Privacy; Adjust bed height, and; Keep resident informed throughout care procedure.			

<p><u>Ending Procedure:</u> Remove gloves if necessary; Handwashing; Gloving, if necessary; Replace equipment to proper storage; Call light within reach; Lower bed; Ensures comfort; Side rails up if used; Open Curtain/door/window shade; Remove gloves if used at the appropriate time; Handwashing; Notify visitors, and; Record/report</p>			
<p>Instructor's name: _____</p>			
<p>Comments:</p>			

LESSON PLAN

TEXTBOOKS:

DAILY LESSON PLAN – DAY	OBJECTIVES	CONTENT	METHODS AND MATERIALS	EVALUATION METHOD	TEST QUESTION(S)
<p>Page number(s) in book- author's name if using two books</p> <p>Allotted time for objective</p> <p>Be flexible with allotted time for audience addressing</p> <p>May need more or less time- this is more for you to figure your total hours in order to meet mandatory 85 hours</p> <p>Total Hours: Class/lab: Clinical:</p>	<p>Cognitive- recall and/or comprehension (define, list, explain, identify and describe)</p> <p>Affective- feeling, emotion and/or value (discuss, observe, participate, identify and relate)</p> <p>Psychomotor- doing such as in return demonstration, group activities, writing personal stories and role play (demonstrate, describe, identify, develop, explain, differentiate, prepare, design, organize and record</p>	<p>What will be used to support the objective- should be no more than a couple of words</p>	<p>Appeal to Visual, Auditory and kinesthetic learning abilities</p> <p>Interactive- lecture (includes Qs & As Role play</p> <p>Case study</p> <p>Group activities such as nail care, pot luck or baby food for feeding Video (with little and publisher)</p> <p>Guest speaker</p> <p>Games such as Jeopardy, Family Feud, Medical terminology bingo with Dollar store rewards</p> <p>Websites</p> <p>Instructor demo</p> <p>Writing personal stories</p> <p>Workbook</p>	<p>Class participation</p> <p>Return demonstration</p> <p>Quiz</p> <p>Test</p>	<p>Cognitive- example of recall or comprehension</p> <p>What does ____ Mean?</p>

LESSON PLAN - EXAMPLE

Textbook: Smith, B. (2007) (2nd ed.) Nursing assistant communication skills. Jones: Chicago

DAY # 2 TIME PAGE #s	OBJECTIVES	CONTENT	METHODS/ MATERIALS	EVAL	TEST QUESTION
8-12 pp 10-25 Break 10- 10:15	By the end of this class the student will be able to: Describe verbal communication skills	<ol style="list-style-type: none"> 1. open/close ended 2. interpersonal skills 3. culture 4. slang 5. telephone etiquette 6. aphasic 7. withdrawn 8. depressed 9. angry 10. demanding 11. conflict resolution 12. observation/reporting 13. staff 14. families 15. customer service 16. grievances/disputes (Ombudsman) 17. reporting abuse, neglect and misappropriation of property 18. chain of command 19. dying 20. unconscious 22. tone of voice 23. cognitively impaired 24. visually impaired 25. hard of hearing 	<p>Interactive lecture (includes Q & A and class discussion)</p> <p>Video - communication skills in LTC residents</p> <p>Role play on slang, withdrawn, depressed, angry, demanding, conflict resolution (resident to resident conflict) and telephone manners (attached)</p> <p>Video - Bathing without a battle (open/close ended communication skills and conflict resolution with residents with dementia)</p> <p>Subject matter notes Workbook page 15-20 Handouts: abuse, CNA & telephone, depression & LTCF chain of command (attached)</p>	<p>quiz</p> <p>class discussion</p> <p>class participation</p> <p>class discussion</p> <p>review homework day 3 with class</p>	<p>When the telephone rings in a healthcare facility, what is the maximum amount of rings allowed before answering?</p> <ol style="list-style-type: none"> 1. one ring 2. two rings 3. three rings 4. four rings
Total Hours:					
3.75					

APPENDIX H
Nurse Aide Training Program Nursing Home Facility Clinical Sign-In Form



Georgia Health
Partnership

Dear Administrator,

Beginning January 1, 2006, Georgia Health Partnership is requesting that all long-term care facilities hosting nursing assistant students for clinical rotation keep a log of those students. Enclosed is the form to be used for the gathering of information. Please have this information available upon Georgia Health Partnership Nurse Aide Training Program's request.

Thank you for your cooperation.

Respectfully,
Georgia Nurse Aide Training Program

1455 Lincoln Parkway East
Suite 750
Atlanta, Georgia 30346-2200

APPENDIX I
Staff Development Review Letter and Forms



XXXXXX

Provider Number:

Dear:

This is to notify you that as of January 1, 2004, the Georgia Health Partnership (GHP) staff will no longer conduct annual staff development on-site reviews at nursing facilities that do not have a Nurse Aide Training Program. All aspects of the staff development audit will be reviewed via the submission of verified documentation that supports compliance of the two federal regulations listed below.

- **The Code of Federal Regulations, 483.75,(e),(8) requires that “each facility complete a performance review of every nurse aide at least once every twelve (12) months, and must provide regular in-service education based on the outcome of these reviews.”**
- **This in-service training must: “be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; address areas of weakness as determined in the nurse aides’ performance reviews and may address the special needs of residents as determined by the facility staff; and, for the 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 Georgia Health Partnership, Nurse Aide Training Program, 1455 Lincoln Parkway East, Suite 750 Atlanta, GA 30346. Please include page one (1) and two (2) of this letter along with the following documentation:

In-services conducted annually – **from XXXXXX to XXXXXX**

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Page 1 of 5

Staff Development Documentation Request

Provider Number:

- List of typed or printed in-services - see categorized list on pages three (3), four (4) and five (5);
- Include the date and time of in-service;
- List of Certified Nursing Assistants (CNAs) employed during the review period (place a "T" if terminated or "R" if resigned next to the appropriate names), indicate whether full-time, part-time, leave of absence or PRN, date of hire and Certified Nursing Assistant's total in-service hours for the review period;
- **Attach a printed copy of current certification card or web portal print out as verification of current certification for each CNA;**
- **CNA in-services must follow the federal guidelines - please review on page one of this letter;**
- **When recording in-services please see the attached list from which the in-service titles should be drawn - choose the category in which the in-service title will fit - no other titles should be assigned to the in-service.**

Please remember facility and job orientation to certified nurse aides cannot count as in-service hours. A Certified Nursing Assistant has 120 days from the date of employment to transfer certification from another state to the Georgia Registry (the reciprocity form can be download from our website at www.ghp.georgia.gov). Also frequently asked questions can be viewed on the website.

Facilities failing to mail the staff development information within the timeframe specified in this letter will receive an on-site review. Facilities cited for non-compliance will receive a letter detailing the deficiency and will have thirty (30) days to submit a corrective action plan. Those failing to submit a corrective action plan will receive an on-site facility visit. Random unannounced visits for follow-up validation will take place in order to perform quality assurance of the program. Please share this information with your staff.

Please find two enclosures that will assist you in providing the needed information we are seeking. Please be advised that these are only examples and are not mandatory forms. They were designed to capture the information needed for our review.

If you have any questions or concerns please contact Sylette DeBois, RN, Staff Development Review Nurse at (678)527-3482.

Sincerely,

Georgia Health Partnership
Nurse Aide Training Program

Enclosures

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Rev. 10/10

Staff Development Documentation Request

Assign the CNA in-services into one of the following categories:

Rev. 7/09

- ADL Documentation
- ADL/Care/Safety
- Abuse
- Abuse Prevention
- Acute Illness
- Admission
- Advance Directives
- Allowing Residents to Make Personal Choices
- Alzheimer's
- Appropriate Responses to the Behavior of Cognitively Impaired Residents
- Assistive Devices for ambulation, transfers, eating and grooming
- Assisting with Eating and Hydration
- Bathing
- Basic Restorative Services
- Behavior Management
- Bowel and Bladder Training
- Blood borne Pathogens
- Body Mechanics
- Braces/Splints
- Care
- CPR
- Call Lights
- Care of the Resident's Environment
- Catheter Care
- Chronic Illness
- Cognitively Impaired
- Combative/Aggressive Resident
- Comfort Measures
- Communication
- Communication with the Cognitively Impaired
- Confidentiality
- Customer Service
- Death and Dying
- Dehydration
- Dementia
- Depression
- Diabetes
- Dignity
- Disaster Preparedness
- Disease Process
- Documentation
- Drug Awareness

Staff Development Documentation Request

- Duties of a CNA
- Dysphagia
- Dysphasia
- Elopement
- Emergency Response
- End of Life Care
- Fall Prevention
- Falls
- Family
- Fire Safety
- Grievance
- Grooming
- HIPAA
- Handling Conflicts
- Handwashing
- Hospice
- Incidents
- Incontinent Care
- Infection Control
- Interpersonal Skills
- Legal Aspects
- Lifts
- Mental Health and Social Service Needs
- Methods of Reducing the Effects of Cognitive Impairments
- Misappropriation of Property
- Modifying CNA's Behavior in Response to Resident's Behavior
- Nail Care
- Neglect
- Nutrition
- OSHA
- Observation/Reporting abnormal body functions
- Observation/Reporting **Depression**
- Observation/Reporting **Pain**
- Observation/Reporting **Pressure Ulcers** and When to Observe
- Perineal Care
- Personal Hygiene
- Positioning
- Pressure Ulcers
- Privacy
- Promoting Resident Independence
- Proper Feeding Techniques
- Providing/Reinforcing Behavior Consistent with the Resident's Dignity
- Quality Initiative
- Quality of Life

Staff Development Documentation Request

- Range of Motion
- Rehabilitation
- Restorative Program
- Restraints and Alternatives
- Safety
- Sexual Harassment
- Signs and Symptoms
- Skills
- Skin Care
- Smoking
- Specific Resident
- Stress Management
- Survey
- Teamwork
- Theft in the Facility
- Toileting
- Transfers
- Turning
- Understand the Behavior of Cognitively Impaired Residents
- UTI
- Vital signs
- Wandering Residents
- Weather Alert
- Weights
- Work Ethics
- Workplace Violence
- Wound Care

Appendix J
Monthly Program Coordinator's Guide

Program: Program Coordinator:	DATE	INITIALS
FILES IN ORDER FOR ANNUAL AUDIT - ON-SITE REVIEW - PAGE 11 TRAIN THE TRAINER BOOKLET - DATE WHEN FILES CHECKED		
REVIEWED PROGRAM WITH INSTRUCTOR PRIOR TO TEACHING - MADE EXPECTATIONS KNOWN - DATE		
TEAM MEETINGS HELD TO EVALUATE HOW PROGRAM IS PROGRESSING - DATE & RESULTS OF EVALUATION - DOCUMENT PLAN TO IMPLEMENT CHANGES		
PROBLEMS WITH PROGRAM DOCUMENTED & PROBLEM SOLVING METHODS INITIATED		
REVIEWED INSTRUCTOR EVALUATIONS FOR C/O & IMPROVEMENTS NEEDED - RESULTS DOCUMENTED		
ISSUES NEEDING RESOLUTION - DOCUMENT ISSUES & PLANS FOR RESOLUTION		
INSTRUCTOR(S) ON PROBATION - LIST REASON		
LESSON PLANS BEING FOLLOWED - MONITOR MONTHLY AND DOCUMENT		
SKILL RUBRICS BEING FOLLOWED - MONITOR MONTHLY AND DOCUMENT		
MONITOR EACH INSTRUCTOR IN CLASSROOM, LAB & CLINICAL - DOCUMENT FINDINGS AND FOLLOW-UP DATE		
INSTRUCTOR IMPROVEMENT AND VISITS MADE TO OBSERVE IMPROVEMENT		
MONITOR NEW INSTRUCTOR(S) FOR COMPETENCY OF INSTRUCTION - DOCUMENT FINDINGS & FOLLOW-UP DATE		
ORGANIZE WITH THE INSTRUCTORS THE RE-APPROVAL APPLICATION - DATE		
ASSIST IN CREATING LESSON PLANS BASED ON NURSING HOME EXPERIENCE		
PASSING RATE ON WRITEN/ORAL/SKILLS COMPETENCY EXAM - INVESTIGATED INDIVIDUAL PROBLEMS WITH FAILING THE EXAM WITH INSTRUCTOR - DOCUMENT		
REVIEW STUDENT PROBLEMS WITH INSTRUCTOR AND ASSIST IN PROBLEM SOLVING - DOCUMENT		
ALL REQUIRED LAB EQUIPMENT ALL LOCATIONS PRESENT - DATE ASSESSED - NAME OF LOCATION		
GHP NOTIFIED WITHIN TEN (10) DAYS OF ANY CHANGES TO THE PROGRAM - DATE & DOCUMENT CHANGE		
GHP NOTIFIED OF INSTRUCTOR ADDITION OR DELETION - DATE		
CANDIDATE HANDBOOK FROM PEARSON VUE REVIEWED WITH INSTRUCTORS & DATE		
WHEN LOW SCORES NOTED ON SKILLS COMPETENCY - OBSERVE STUDENT PERFORMANCE AND/OR REVIEW STUDENT RECORDS		
ASSISTED IN THE HIRING PROCESS OF INSTRUCTORS - SUBMITTED LETTER OF INTENT, COPY OF NURSING LICENSE, RESUME & COPY		

OF TTT CERTIFICATE		
--------------------	--	--

Documentation
Appendix K
NATP Expired Letter

Rev. 10/10

XXXXXX

XXXXXX
XXXXXX
XXXXXX

Dear Nurse Aide Training Program Coordinator:

The Omnibus Budget Reconciliation Act (OBRA) of 1987 requires that each state-approved Nurse Aide Training Program must undergo a re-evaluation for approval every two (2) years.

The Georgia Health Partnership notified your program that your (2) year program approval expired on XXXXXX. Due to the non-receipt of your Nurse Aide Training Program application to continue operating by the specified due date of XXXXXX, your organization cannot conduct a training class until your program is re-approved by our office. If a current class is in session, please complete the current class and no future classes can be held until the program is re-approved. The program is now listed as expired.

If you have questions, please feel free to contact Sylette DeBois, RN, at (678) 527-3482.

Sincerely,

Georgia Health Partnership
Nurse Aide Program

1455 Lincoln Parkway East
Ste 750
Atlanta, GA 30346-2200

NATP10 (8/07)