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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

**STATE BOARD OF EXAMINERS OF
NURSING HOME ADMINISTRATORS
VIA VIDEOCONFERENCE**

TIME: 10:34 A.M.

Wednesday, February 2, 2022

1 State Board of Examiners of
2 Nursing Home Administrators
3 February 2, 2022
4
5

6 BOARD MEMBERS:
7

8 Sharon K. McDermond, NHA, Chairperson
9 Lisa M. Burns, Division Chief for Health Licensing,
10 Bureau of Professional and Occupational Affairs, on
11 behalf of Arion Claggett
12 Anne E. Holladay, CNHA, MHA, Vice Chairperson - Absent
13 Sara L. King, NHA, Secretary
14 Diane M. Baldi, R.N. - Absent
15 Susan Coble, Deputy Secretary of Quality Assurance,
16 Department of Health - Absent
17 Ilene Warner-Maron, Ph.D.
18 Robert L. Wernicki, NHA
19 Carrie E. Wilson, Office of Attorney General, Bureau
20 of Consumer Protection - Absent
21
22

23 BUREAU PERSONNEL:
24

25 Alexandra "Sasha" Sacavage, Esquire, Board Counsel
26 Carolyn DeLaurentis, Deputy Chief Counsel, Prosecution
27 Division
28 William A. Newport, Esquire, Board Prosecution
29 Liaison
30 Trista Boyd, Esquire, Board Prosecutor
31 Chris Stuckey, Board Administrator
32
33

34 ALSO PRESENT:
35

36 David Buono Acting Deputy Insurance Commissioner -
37 Office of Market Regulation, Pennsylvania Insurance
38 Department
39 Katie Merritt, LSW, Director of Policy and Planning,
40 Pennsylvania Insurance Department
41 Sandy Ykema, J.D., Department Counsel, Pennsylvania
42 Insurance Department
43 Amy Learn, Director of Dining Services, Brevillier
44 Village
45 Anthony D. Nefstead, Assistant Nursing Home
46 Administrator, Guardian Healthcare
47
48
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50

1 ***

2 State Board of Examiners of
3 Nursing Home Administrators

4 February 2, 2022

5 ***

6 [Pursuant to Section 708(a)(5) of the Sunshine Act, at
7 10:00 a.m. the Board entered into Executive Session
8 with Alexandra "Sasha" Sacavage, Esquire, Board
9 Counsel, for the purpose of conducting quasi-judicial
10 deliberations and to receive legal advice regarding
11 the items on today's agenda. The Board began open
12 session at 10:30 a.m.]

13 ***

14 The regularly scheduled meeting of the State
15 Board of Examiners of Nursing Home Administrators was
16 held on Wednesday, February 2, 2022. Sharon K.
17 McDermond, NHA, Chairperson, called the meeting to
18 order at 10:34 a.m.

19 ***

20 [Alexandra "Sasha" Sacavage, Esquire, Board Counsel,
21 informed everyone that the Board met in Executive
22 Session prior to the commencement of the meeting with
23 Board Counsel for the purpose of conducting quasi-
24 judicial deliberations and to receive legal advice
25 regarding items on today's agenda.]

1 Ms. Sacavage announced that the meeting was being
2 recorded, and those attending today's meeting were
3 giving their consent to be recorded.]

4

5 Approval of minutes of the December 1, 2021 meeting

6 CHAIR MCDERMOND:

7

I move to approve the minutes from the

8

December 1, 2021 Board meeting.

9

Anyone like to second that?

10 MR. WERNICKI:

11

I'll second the motion.

12 CHAIR MCDERMOND:

13

McDermond, approve; Burns, abstain;

14

King, approve; Warner-Marion, approve;

15

Wernicki, approve.

16 [The motion carried. Lisa Burns abstained from voting
17 on the motion.]

18

19 Report of Prosecutorial Division - No Report

20

21 Appointment - Pennsylvania Insurance Department - No

22 Surprises Act

23 [Katie Merritt, LSW, Director of Policy and Planning,

24 Pennsylvania Insurance Department (PID), presented to

25 the Board to discuss the No Surprises Act that became

1 effective January 1, 2022, and how it may affect the
2 Board or some of the constituents the Board serves.

3 David Buono, Deputy Insurance Commissioner,
4 Office of Market Regulation, PID, informed the Board
5 that material presented today was prepared by the
6 Commonwealth of Pennsylvania Insurance Department
7 based on law, regulations, and guidance as of December
8 1, 2021.

9 Mr. Buono addressed the No Surprises Act (NSA),
10 noting that the disclosure requirement, provider
11 directory requirement, and Good Faith Estimate applies
12 to all health care providers who are in-network for
13 major medical insurance policies.

14 Mr. Buono addressed which facilities and services
15 must follow the NSA. He commented that if a health
16 plan covers any benefits for emergency services,
17 including air ambulance, the NSA requires emergency
18 services to be covered without any prior authorization
19 regardless of whether a provider or facility is in-
20 network.

21 Mr. Buono also commented that if a health plan
22 covers any benefits for nonemergency services related
23 to the visit in an in-network facility, the NSA
24 requires patients to be protected when they have
25 little or no control over who provides their care.

1 Mr. Buono stated that ancillary providers, such
2 as labs or doctors, involved in a surgery that the
3 patient does not select may not balance bill. He
4 noted cost sharing for ancillary providers is treated
5 as in-network. He commented that the NSA protects
6 people from unexpected bills for emergency services,
7 air ambulance services, and certain nonemergency
8 services related to a visit to a facility.

9 Mr. Buono stated nonemergency services at an in-
10 network facility is treated as in-network in all
11 circumstances. He reported that other nonemergency
12 services may only be billed if it is out of network
13 with advanced notice and consent from the patient.

14 Mr. Buono noted the NSA limits the high out-of-
15 network cost sharing, where patient cost sharing, such
16 as coinsurance or deductible, cannot be higher than if
17 such services were provided by an in-network doctor
18 and any coinsurance or deductible must be based on in-
19 network provider rates.

20 Mr. Buono stated NSA billing protection applies
21 if coverage is through an employer, state-based
22 marketplace Pennie, or directly through an individual
23 market health insurance company. He mentioned that
24 the act does not apply to Medicare, Medicaid, Indian
25 Health Services, Veterans Affairs, or TRICARE.

1 Ms. Merritt noted that other health plans not
2 covered by the NSA are indemnity, short-term limited-
3 duration, health care sharing ministries, and so
4 forth. She noted it also does not apply for uninsured
5 individuals, although there are some provisions for
6 uninsured individuals.

7 Ms. Merritt addressed uninsured individuals,
8 noting patients will be billed directly from
9 providers, but providers are required to provide a
10 Good Faith Estimate. She noted the Good Faith
11 Estimate needs to be made available upon request or
12 upon scheduling an item for a service so an uninsured
13 individual can decide whether or not to receive the
14 services.

15 Ms. Merritt explained that a Good Faith Estimate
16 for the uninsured and self-pay patients is an estimate
17 of the cost of the services that needs to be provided
18 at least three days before a services is furnished, or
19 if the service is scheduled within three days, it
20 needs to be given 3 hours ahead of time. She
21 commented that the Good Faith Estimate must be given
22 to an insured individual's plan in advance of service,
23 noting that the federal government is not currently
24 enforcing that and neither is Pennsylvania.

25 Ms. Merritt gave a summary of providers that may

1 not balance bill. She stated that providers and
2 facilities must have a business process to give
3 provider directory and network information to plans
4 anytime there is a material change. She commented
5 that provider directories may, by contract, impose on
6 plans the duty to keep the directory current. She
7 mentioned that the provider or facility must reimburse
8 the patient plus interest if a provider or facility
9 bills a patient more than the in-network amount and
10 the patient pays it.

11 Mr. Merritt addressed continuity of care, where a
12 contract with a plan terminates and the provider or
13 facility is no longer in-network and the provider must
14 accept payment as an in-network provider

15 Ms. Merritt stated that providers with complaints
16 about a plan should contact the Pennsylvania Insurance
17 Department because they have a process to quickly
18 handle complaints. She noted that Health and Human
19 Services also has a process but that it could take 60
20 days for them to just acknowledge the complaint.

21 Ms. Merritt mentioned that providers with
22 complaints about a patient should first make sure the
23 patient understands the act and are encouraged to
24 contact the PID to assist in educating. She noted
25 that patients who do understand the act should be

1 handled as previously, but with the understanding in
2 the case of a surprise medical bill, the provider may
3 not collect more than the in-network cost sharing.

4 Ms. Merritt addressed disclosure requirements,
5 noting the requirements apply to all providers and all
6 facilities to provide patients with a one-page
7 disclosure notice on the requirements of the law,
8 applicable state balance billing prohibitions, and how
9 to contact the appropriate state and federal agencies.

10 She mentioned that the Pennsylvania Insurance
11 Department has a model notice on their webpage. She
12 also noted the federal website has model notices and
13 helpful information.

14 Ms. Merritt addressed notice and consent, which
15 allows a provider or facility not in-network to
16 provide appropriate notice for a balance bill. She
17 stated notice and consent is a notice that must be
18 provided in advance to give a patient time to get an
19 in-network provider.

20 Ms. Merritt explained that the notice has to be
21 on a separate document and has to be signed, retained,
22 and a copy given to the patient. She commented that
23 the notice explains that the provider is not an in-
24 network provider, gives a Good Faith Estimated amount
25 that they provide might charge, includes other related

1 services, acknowledges service may need prior
2 authorization, and states that the notice is optional.

3 Ms. Merritt mentioned that a person has to be
4 able to get services from an available in-network
5 provider, but if there is no available in-network
6 provider, then the process cannot be used.

7 Ms. Merritt addressed payment, where the provider
8 needs to confirm the patient's coverage and collect
9 in-network cost-sharing from the patient and then bill
10 the patient's plan for the remaining charges. She
11 stated the plan will pay a qualifying amount based on
12 a median in-network rate, and if the provider is not
13 satisfied, the provider may negotiate and go through a
14 federally administered independent dispute resolution
15 process.

16 Ms. Merritt stated individuals with a dispute
17 with a provider may go through a patient provider
18 dispute resolution process. She noted the bill must
19 be \$400 more than the Good Faith Estimate and the
20 uninsured patient would have to pay a small
21 administrative fee but will recoup that if they
22 prevail.

23 Ms. Merritt addressed enforcement, noting the PID
24 is the lead coordinating agency but is working with
25 other state agencies, including the Department of

1 State, Department of Health, and Department of Drug
2 and Alcohol. She mentioned that the PID has a process
3 to review the complaint and address it while working
4 with other agencies.

5 Ms. Merritt commented that the federal law
6 assumes that the state law will apply unless it
7 prevents the application of the federal law.

8 Ms. Merritt noted that the Department of State
9 personnel can access the PID's webpage for guidance.
10 She noted there is referral form on the webpage that
11 provides a list of everything needed to be able to
12 triage the complaint.

13 Ms. Merritt noted that once the information is
14 received that the state agency can submit the form to
15 the PID to follow up as appropriate, where it will be
16 tracked by their consumer services representative,
17 outreach will be performed, and they will work with
18 the other agencies to investigate.

19 Ms. Merritt mentioned there is also an
20 opportunity to collaborate with the federal
21 government, whether it is the Department of Health and
22 Human Services regarding insurance plans, providers,
23 and facilities; Department of Labor for self-funded
24 plans; or the Office of Personnel Management for the
25 Federal Employees Health Benefits (FEHB) program.

1 Ms. Merritt encouraged everyone to visit the PID
2 webpage for more information.

3 Dr. Warner-Maron asked whether the NSA covers a
4 question being seen in the long-term care industry,
5 where a patient is in the hospital, does not realize
6 they were on observation and not admitted, then come
7 to the nursing home and are not covered due to not
8 having the three-day qualifying stay.

9 Ms. Merritt believed that to be a Medicare
10 requirement and suggested Dr. Warner-Maron look at the
11 Medicare Law to see how that is addressed.

12 Chair McDermond mentioned seeing an issue more
13 and more with residents who are discharged from the
14 hospital to their setting by an ambulance provider
15 that is not a contracted provider with the center or
16 sometimes with the hospital, where the bill is
17 exorbitant and is left for the facility to absorb.

18 Ms. Merritt explained that ground ambulance is
19 currently not included but is acknowledged in the law,
20 noting an advisory committee is being set up to
21 address what to do about that ambulance. She informed
22 Chair McDermond that the new advisory committee will
23 be issuing a report within 180 days of their first
24 meeting and recommended she keep an eye on that for an
25 opportunity to comment.

1 Chair McDermond thanked the PID for their
2 presentation.]

3 ***

4 Appointment - Prosecution Division Annual Report
5 Presentation

6 [Carolyn A. DeLaurentis, Esquire, Deputy Chief
7 Counsel, Prosecution Division, provided a summary of
8 the Prosecution Division's caseload during 2021.

9 Ms. DeLaurentis informed the Board that 70 cases
10 were opened in 2021, which an increase from 2020 at 45
11 for the State Board of Examiners of Nursing Home
12 Administrators. She noted closing 58 cases, which was
13 an increase from 2020 where 27 cases were closed and
14 thanked all of the Prosecutors for their work.

15 Ms. DeLaurentis reported 56 open cases for the
16 State Board of Examiners of Nursing Home
17 Administrators as of January 1, 2022.

18 Ms. DeLaurentis addressed enforcement actions
19 with 2 total cases that resulted in discipline,
20 including 1 suspension and 1 probation. She also
21 reported 11 warning letters in 2021 and 6 in 2020.

22 Ms. DeLaurentis addressed COVID-related cases,
23 noting COVID to be the reason for an increase in cases
24 last year. She mentioned that one complaint may
25 result in more than one case being opened. She

1 reported 1,223 cases were opened in the Prosecution
2 Division regarding COVID complaints in 2020 with 13 of
3 those for the Board. She also reported a significant
4 decrease in COVID-related complaints in 2021 with 543
5 COVID-related cases and 17 of those for the Board.

6 Ms. DeLaurentis addressed how complaints are
7 received at the Prosecution Division. She explained
8 that the agency is complaint-driven and receives
9 complaints from the public, other state agencies, law
10 enforcement, patients, and licensees. She mentioned
11 that complaints are received in writing and by phone
12 calls but noted the best way to file a complaint is
13 through the Pennsylvania Licensing System (PALS),
14 where individuals can remain anonymous.

15 Ms. DeLaurentis explained that administrative
16 assistants go through complaints, make a file, and
17 then the cases are reviewed, noting the Board
18 prosecution liaison handles most Board cases. She
19 noted complaints are handled in steps, including
20 asking for more information, sending out
21 investigators, coordinating with the Department of
22 Health, and then looking at the status to see whether
23 formal charges should be filed.

24 Chair McDermond asked Ms. DeLaurentis how many
25 cases were substantiated out of the 17 cases.

1 Ms. DeLaurentis stated Prosecution had not taken
2 any formal disciplinary action, but some of those
3 cases may actually still be open.

4 Ms. DeLaurentis noted a record number of cases
5 opened last year and thanked the administrative
6 assistants for processing so many files. She reported
7 18,363 cases were opened in 2021, which is an increase
8 from 2020 at 13,394.

9 Ms. DeLaurentis reported 15,994 cases were closed
10 in 2021 and 13,274 in 2020. She thanked the Board,
11 Board Counsel, and Prosecutors for their combined
12 effort. She reported 15,141 open cases as of January
13 1, 2022.

14 Dr. Warner-Maron asked Ms. DeLaurentis whether
15 she could identify any general trends in nursing home
16 administrator complaints.

17 Ms. DeLaurentis commented that COVID cases
18 include moving a positive resident, complaints related
19 to personal protective equipment (PPE), and complaints
20 early on in the pandemic concerning access to
21 residents. She deferred general complaints to Mr.
22 Newport and Ms. Boyd.

23 Trista Marie Boyd, Esquire, Board Prosecutor,
24 stated most of the general cases are family
25 complaints, where a family member took issue with the

1 home's handling of the care of a resident or patient.]

2 ***

3 Report of Board Counsel

4 Alexandra "Sasha" Sacavage, Esquire, Board Counsel,
5 noted having no new matters to deliberate.]

6 ***

7 Report of Board Chairperson - No Report

8 ***

9 MOTIONS

10 CHAIR MCDERMOND:

11 We are looking at ratifying the
12 Temporary Permit Applications for Janet
13 Rossi, Bethany Loray Schweigart, Stacey
14 Trunecek, and Paul Mwambu.

15 I will make a vote to ratify the
16 Temporary Permit Applications listed at
17 items 6 through 9 of Janet Rossi,
18 Bethany Loray Schweigart, Stacey
19 Trunecek, and Paul Mwambu.

20 Will anyone second?

21 MS. KING:

22 I will make a motion to second the
23 ratifications of 6 through 9 on the
24 agenda for the Temporary Permit
25 Applications.

1 MS. SACAVAGE:

2 McDermond, yes; Burns, yes; King, yes;
3 Warner-Maron, yes; Wernicki, approve.

4 [The motion carried unanimously.]

5 ***

6 Report of Acting Commissioner - No Report

7 ***

8 Report of Board Administrator - No Report

9 ***

10 Report of Board Members - No Report

11 ***

12 Report of Committees - Report of Examination Committee

13 [Chris Stuckey, Board Administrator, informed the
14 Board that the Examination Committee currently is
15 Diane Baldi, who could not attend the meeting today,
16 but the report of the applications that have been
17 received and approved is on the agenda.]

18 ***

19 Report of Committees - Report of AIT Review

20 Committee - No Report

21 ***

22 Miscellaneous - NAB News: Highlights from the 2021

23 Midyear Meeting and More

24 [Chris Stuckey, Board Administrator, referred to
25 documents from the National Association of Long-Term

1 Care Administrator Boards (NAB) for the Board's
2 review.]

3 ***

4 [The Board recessed from 11:17 a.m. until 11:50 a.m.]

5 ***

6 Appointment - Anthony D. Nefstead, 39.5(b)(5)

7 Applicant

8 [Sharon K. McDermond, NHA, Chairperson, informed Mr.
9 Nefstead that the Board would be asking questions
10 regarding his request for licensure and asked Mr.
11 Nefstead to explain his responsibilities in detail.

12 Anthony D. Nefstead, Assistant Nursing Home
13 Administrator, Guardian Healthcare, presented to the
14 Board requesting approval to sit for the Nursing Home
15 Administrator Examination.

16 Mr. Nefstead addressed his duties as the
17 assistant administrator, including following hours per
18 resident day (HPRD) levels, managing the business
19 office with discharge planning and daily skills
20 review, labor-management, marketing, recruitment, and
21 retention.

22 Mr. Nefstead noted working with the administrator
23 on day-to-day challenges and working on the compliance
24 survey and finding resolutions.

25 Mr. Nefstead addressed supervision, where he

1 supervises the interdisciplinary team, social
2 services, business office manager, dietary manager,
3 and medical records. He noted assisting in the
4 performance improvement process with the business
5 office.

6 Mr. Nefstead discussed retention, noting his
7 human resources (HR) work and being involved with
8 retention of the building since December 2019. The
9 facility was doing well.

10 Mr. Nefstead addressed involvement with prior
11 deficiencies and actions put in place for the
12 prevention of repeat deficiencies. He mentioned their
13 annual survey in October showed three deficiencies,
14 noting deficiencies are reviewed on a weekly basis
15 with the department to assure compliance.

16 Mr. Nefstead discussed his involvement in the
17 financial operations of the facility, including
18 reviewing the profit and loss (P&L) statement monthly
19 with the regional office manager.

20 Mr. Nefstead addressed the grievance process and
21 working with the administrator, director of nursing,
22 and the social worker in identifying the problem and
23 deciding how to solve the grievance and close the
24 case.

25 Mr. Nefstead spoke about quality of care

1 standards, noting a very detailed skills review
2 process every morning on Medicare patients for quality
3 of care standards and discussed a system implemented
4 for all residents called angel rounds.

5 Mr. Nefstead addressed his responsibilities
6 during the early stages of COVID and presently,
7 including staffing and profit and loss because of not
8 taking any admissions.

9 Mr. Nefstead commented that he is comfortable
10 with the financials and working with the staff and
11 managers. He mentioned focusing on Minimum Data Set
12 (MBS) and working with RN staff and teams to consider
13 the outcomes of the patients with the intention of
14 providing better care.

15 Callie Lyle, NHA, Director of Operational
16 Intervention, Guardian Healthcare, informed the Board
17 that Mr. Nefstead immediately excelled and caught on
18 quickly to the long-term care industry. She commented
19 that Mr. Nefstead is a well-rounded individual and
20 noted his involvement in staffing, marketing, and
21 employee retention activities because he understands
22 how staff directly relates to the quality of care.]

23

24 Appointment - Amy Learn, 39.5(b)(5) Applicant

25 [Sharon K. McDermond, NHA, Chairperson, informed Ms.

1 Learn that the Board would be asking questions
2 regarding her request for licensure and asked Ms.
3 Learn to explain her responsibilities in detail.

4 Amy Learn, Director of Dining Services,
5 Brevillier Village, presented to the Board requesting
6 approval to sit for the Nursing Home Administrator
7 Examination. She stated having 21 years of experience
8 in her role as a supervisor for the second largest
9 department in their facility. She noted having
10 experience with interviewing, hiring, promoting, and
11 discharging staff.

12 Ms. Learn addressed her responsibilities,
13 including staff scheduling, purchasing food, and a
14 review of the budget monthly. She mentioned serving
15 on the Quality Assurance and Performance Improvement
16 (QAPI) Committee, Infection Control Committee, and
17 Strategic Planning Committee.

18 Ms. Learn addressed additional responsibilities
19 and learning areas while spending time in other
20 departments. She noted working closely with the Human
21 Resources Department as far as new ways to recruit
22 people and talking with employees as far as retention
23 to see if there are other things the facility could be
24 doing or trying to retain staff.

25 Ms. Learn addressed how involved she was in prior

1 deficiencies and efforts to prevent repeat
2 deficiencies with monthly QAPI Meetings and department
3 monitoring updates to make ensure progress in those
4 areas.

5 Ms. Learn noted she would be running the QAPI
6 Meetings starting next month and would be reviewing
7 quality indicators every month to see if there is a
8 recurrent theme or pattern.

9 Ms. Learn addressed her role in financial issues
10 outside of dietary with reviewing P&L statements
11 monthly to see whether there are other measures that
12 could be taken.

13 Ms. Learn discussed the grievance process, where
14 a family member can take a complaint to their social
15 worker or the administrator and discussed with the
16 appropriate department to find out what the problem is
17 and how it could be resolved.

18 Ms. Learn spoke about how quality of care
19 standards are met every day, including rounds and an
20 admission/discharge meeting every day, along with
21 review of medical records to make sure residents are
22 getting good care.

23 Ms. Learn addressed responsibilities during
24 COVID, including educating staff on all of the changes
25 and requirements. She commented that there had been

1 excellent teamwork between all of the different
2 departments with everyone helping each other.

3 Vicky Wittuck, Senior Vice President, Brevillier
4 Village, commented that the facility has been
5 fortunate to be able to promote people within the
6 organization and is incredibly supportive of Ms. Learn
7 because she has been a member of the team since she
8 was 18 years old and grew in the organization. She
9 stated Ms. Learn is a great supervisor and able to
10 learn the job.

11 Chair McDermond commended Brevillier Village for
12 all of their longevity to be able to raise young
13 leaders and have people start and end their careers in
14 one spot.]

15 ***
16 [Pursuant to Section 708(a)(5) of the Sunshine Act, at
17 12:32 p.m. the Board entered into Executive Session
18 with Alexandra "Sasha" Sacavage, Esquire, Board
19 Counsel, for the purpose of conducting quasi-judicial
20 deliberations and to receive legal advice. The Board
21 returned to open session at 12:35 a.m.]

22 ***

23 MOTIONS

24 CHAIR MCDERMOND:

25 I would like to approve the Applications

1 of Amy Learn and Anthony D. Nefstead.

2 Is there someone that would second
3 that?

4 MS. KING:

5 I will second.

6 MS. SACA VAGE:

7 McDermond, yes; Burns, yes; King, yes;
8 Warner-Mar on, yes; Wernicki, yes.

9 [The motion carried unanimously.]

10 ***

11 Adjournment

12 CHAIR MCDERMOND:

13 I would like to make a motion to adjourn
14 this meeting.

15 MS. SACA VAGE:

16 The meeting is adjourned.

17 ***

18 [There being no further business, the State Board of
19 Examiners of Nursing Home Administrators Meeting
20 adjourned at 12:36 p.m.]

21 ***

22

23 CERTIFICATE

24

25 I hereby certify that the foregoing summary

1 minutes of the State Board of Examiners of Nursing
2 Home Administrators, was reduced to writing by me or
3 under my supervision, and that the minutes accurately
4 summarize the substance of the State Board of
5 Examiners of Nursing Home Administrators meeting.

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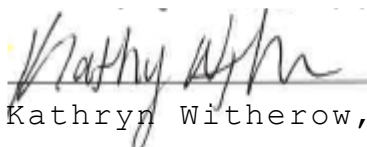
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Kathryn Witherow,

Minute Clerk

Sargent's Court Reporting

Service, Inc.

STATE BOARD OF EXAMINERS OF
NURSING HOME ADMINISTRATORS
REFERENCE INDEX

February 2, 2022

	TIME	AGENDA
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8		
9		
10	10:00	Executive Session
11	10:30	Return to Open Session
12		
13	10:34	Official Call to Order
14		
15	10:35	Approval of Minutes
16		
17	10:36	Appointment - Pennsylvania Insurance
18		Department
19		
20	11:00	Appointment - Carolyn A. DeLaurentis,
21		Esquire, Deputy Chief Counsel,
22		Prosecution Division Annual Report
23		Presentation
24		
25	11:14	Report of Board Chair
26		
27	11:16	Report of Committees
28		
29	11:17	Miscellaneous
30		
31	11:17	Recess
32	11:50	Return to Open Session
33		
34	11:50	Appointment - Anthony D. Nefstead
35		
36	12:12	Appointment - Amy Learn
37		
38	12:32	Executive Session
39	12:35	Return to Open Session
40		
41	12:35	Motions
42		
43	12:36	Adjournment
44		
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