PENNSYLVANIA

STATE BOARD OF

EXAMINERS OF NURSING HOME ADMINISTRATORS

NEWSLETTER

WINTER 2006-2007

COMMONWEALTH OF PENNSYLVANIA

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Chairman's Message

by Barry S. Ramper, II, NHA

On behalf of the members of the State Board of Examiners of Nursing Home Administrators, I welcome you. The board, consisting of fifteen members, represents all facets of our industry. Twelve members are appointed by the governor. Appointed board members serve a term of four years with eligibility to serve two full consecutive terms. Two members each are representative of not-for-profit, for-profit and county-owned facilities. Three members are designated as consumer representatives. Additionally, there are three members actively involved with the care of chronically ill seniors while representing occupations and professions other than Nursing Home Administration. Representatives from the Department of Health, the Office of Attorney General and the Commissioner of Professional and Occupational Affairs bring the total to fifteen.

This group of dedicated individuals meets on a monthly basis to conduct business as defined in the Nursing Home Administrators Act 122 and according to Pennsylvania Code, Title 49, Chapter 39. These two references are the basis on which all decisions are based regarding NHA licensure, continuing education, temporary permits and disciplinary proceedings. These two references can be obtained by contacting the board office or by visiting the board Web site.

The board continues, as its highest priority, the creation of an Administrator-In-Training (AIT) program in Pennsylvania. Currently, Act 122 and the Pennsylvania Code contain no provision for licensure while gaining experience in an AIT program. Numerous states in the United States have this licensure opportunity. When finalized, an effective AIT program will provide structured opportunity for licensure and create curriculum opportunity for educational institutions. Most important, an effective AIT program is in the best interest of serving our seniors. This program will assist in ensuring a licensure applicant has the greatest opportunity to be successful in serving senior Pennsylvanians residing in Skilled Nursing facilities.

Your commitment and dedication is greatly appreciated. In being a licensed and practicing NHA, I understand the challenges you face on a continual basis. The responsibility and satisfaction attained from fulfilling this responsibility is second to none. Pennsylvania's seniors entrust the last segment of their life to us, at which time we are required to ensure the highest level of quality care and quality of life.

On behalf of the Board of Examiners of Nursing Home Administrators, I thank you for your commitment and dedication.

Administrator-In-Training Program Update

by Leonard S. Oddo, Chairman, Education Committee

The Pennsylvania State Board of Examiners of Nursing Home Administrators has authorized an Administrator-In-Training (AIT) program to provide a college-degreed applicant an additional process through which they may qualify to sit for the Nursing Home Administrator examinations. The goal of this program is to provide in-depth training for the multitude of disciplines practiced in the Long Term Care Industry. The required training material for AIT's includes — but is not limited to — a study of regulatory compliance, an analysis of Medicare and Medicaid payment systems. Also, a specific training plan which requires the AIT to study the operation and purpose of all disciplines is mandated. Those disciplines include nursing, social service, activities/recreation, accounting and business office, dietary, plant operation and maintenance, housekeeping and laundry, human resources and safety management, community services and marketing.

The AIT program has the following requirements: A baccalaureate degree person will have to gain 1,000 hours of experience in the practice of nursing home administration, and a master's degree person will have to gain 800 hours of experience. The AIT program must consist of no less than 20 hours nor more than 60 hours per week. At the end of

Continued on page 11

The Role of the Commissioner on the Board

by Basil Merenda, Acting Deputy Secretary for Regulatory Programs and Director, Bureau of Professional and Occupational Affairs

The Bureau of Professional and Occupational Affairs (BPOA) touches the lives of millions of Pennsylvanians each day. We protect the health, safety and welfare of the public from fraudulent and unethical practitioners by administering professional licensing to physicians and cosmetologists to accountants and funeral directors. In addition, the bureau provides administrative and legal support to 27 professional and occupational licensing boards and commissions.

As commissioner of the BPOA, I am responsible for administering the commonwealth's licensing boards, sitting as a voting member on disciplinary cases and policy matters for 25 of the 27 boards and signing all licenses issued by the BPOA.

My administrative duties include working with the deputy commissioner to make "the trains run on time." In BPOA's case, it means making sure license renewals, applications and inquiries are properly handled by our staff. It also involves making sure that where appropriate, reciprocal licenses requested from out-of-state individuals are properly reviewed. BPOA is also required to conduct reviews of education programs for some boards.

My duties as a voting member on 25 of the 27 licensing boards are the same duties and obligations that the professional and public members have as part of their service on our licensure boards. I act as a judge, along with the other board members, on disciplinary hearings. I participate with the other board members in the drafting and enactment of regulations, rules and other policy initiatives. In addition, I have the responsibility of coordinating policy matters of all 27 boards for Governor Edward G. Rendell.

I truly believe the most important thing I can do for you is to provide you with professional service – and that is my goal.

I truly believe the most important thing I can do for you is to provide you with professional service – and that is my goal.

When Governor Rendell appointed me BPOA commissioner, he told me to make BPOA and the commonwealth's 27 licensing boards more accessible, responsive and accountable to the legislature, the licensees and the public we are sworn to protect. My pledge to you is that I, as commissioner, am working to carry out Governor Rendell's charge with intelligence, vigor and effectiveness.

If I can be of any assistance, please do not hesitate to reach out and contact my office at any time.

2007 BOARD MEETING DATES

Jan. 17
Feb. 7
March 7
April 18
May 9
June 13
July 25
Sept. 5
Oct. 10
Nov. 7
Dec. 5

Culture Change... Here to Stay or a Passing Fad?

by Eva J. Bering, RN, MSN, MHA, NHA

The number of older Americans is rising and, at the same time, the stability of the nursing home, as it is mostly frequently known, is being shaken. The changes in Medicare, the Medicaid reimbursement system, the emphasis on community and home services and the transition of nursing home residents to community programs have all challenged the traditional nursing home. These ongoing challenges are compounded by the surge of older Americans, which will only continue to rise as the baby boomers age. In addition, the elders of today demand and expect choice…choice in *where* they live and choice in *how* they live. Nursing homes are not going away, but they will be required to change the way services are delivered in order to attract a stable census and remain competitive in the future.

Culture change initiatives have been accelerating since the late 1990s. Initiatives such as Eden Alternative, Pioneer Network, The Green House Project and Wellspring Innovative Solutions have led the way for many grassroots efforts to surface. Advocates of culture change are radically changing the traditional nursing home into the same type of environment that we all want because it is close to the way we live routinely and where choice, rather than institutional structure, is the norm.

Regardless of how much help a person may need, a critical component to that daily care is freedom of choice. In the traditional nursing home, activities are planned, regimented, scheduled and routinized. There are tasks done to completion. The tasks are planned with the best of intentions by good employees. Missing is the spontaneity, joy and freedom of choice which has been exchanged for the physical care delivered in a nursing home setting. Restoration of self-determination and choice is the essence of what the culture change movement is about. Culture change or cultural transformation is a global way of thinking about the work to be done and the method in which care is delivered. It is creating a deep and sustainable change that permeates attitudes and behaviors. It recognizes the individual person as one who wants and is able to choose for himself/herself. Tray lines and carts may change to point-of-service portion and food selection. Snacks may be readily available to residents when they want them rather than calling a central kitchen location. Bibs or clothing protectors are exchanged for napkins. Bathing becomes a relaxing experience instead of a task on a schedule. Residents may choose to have breakfast in their night clothes rather than dressing to go to a main dining area. These are little things; however, they do remind one of home rather than institution.

Centers for Medicare and Medicaid Services (CMS) has undertaken the culture change initiative by legitimizing it into the State Quality Improvement Organization as the 8th Scope of Work (SOW). A CMS-initiated pilot study was conducted in 2004, which had a sample of 183 facilities across the United States. Ten of these facilities were in Pennsylvania. Outcomes demonstrated across the nation were improvement in quality indicators, decrease in medication error rates, increase in staff retention, decrease in staff turnover, and increased staff and resident satisfaction. The culture change movement is here to stay. Ongoing intensive work is underway to continue promoting the efforts. Quality Insights of Pennsylvania (QIP) is partnering with facilities and with other organizations and groups to lead grassroots efforts in promoting change and breaking traditional institutional norms.

There have been misconceptions about this movement. *Is it a fad; how long will it last; does it cost money; how many more staff must I add at a time when reimbursement is poor; extensive renovations are necessary for success; I cannot afford a consultant.*

Facilities may approach this initiative in varied ways. A significant financial investment is not necessary, nor are extensive physical plant renovations, albeit these may be helpful. What is important and absolutely necessary is passion and creativity to carry the message to all staff. This initiative is the recognition of the dignity of individuals as people, not as the nursing home resident. It is the creation of an environment where the rules of institutional care are broken and flexibility of schedules and routine are the norm. Leadership is vital for success as support for the

Continued on page 9

Gastrostomy

by I. William Goldfarb, M.D., FACS, FCCM

The ability to provide residents of extended care facilities with adequate nutrition is a critical component of their overall care. The failure to meet nutritional needs is associated with not only a deterioration of overall health but also serves to predispose the resident to a number of complications. The more commonly resulting complications include increased susceptibility to infectious disease processes and loss of body mass with a resultant increase in the propensity to develop soft tissue pressure lesions such as decubitus ulcers. Subsequently, healthcare providers must closely monitor residents in order to ensure that they maintain adequate oral intake of basic nutrients in a magnitude that prevents malnutrition. Unfortunately, in many clinical situations the resident is unable to maintain adequate intake in the absence of assistance in the form of enteral support therapy.

Residents who require an artificial means of supporting their intake of nutritional substrates (carbohydrates, fats, protein) generally require support for prolonged periods of time. The most traditional means of providing support has been through the utilization of a nasogastric feeding tube. This is not the ideal means of providing long term support and is actually associated with a high risk of complications, the most notable of which is an increased risk of aspiration. As a result, most medical/surgical providers would prefer to utilize techniques that facilitate the direct placement of nutrients into the stomach or small intestine. Gastric feeding is the more commonly utilized approach and generally consists of the performance of a gastrostomy. This is an operative procedure that can be done on an out-patient basis.

There are three common types of gastrostomy:

A. Standard – The placement of a tube (usually a Foley catheter) through the skin directly into the stomach.

B. Janeway – The creation of an actual "tube" made from the stomach wall that is brought out to the skin much like a colostomy. A tube (Foley catheter) is then inserted through the stomach tube directly into the stomach.

C. PEG – The percutaneous placement of a small silicone or plastic tube through the skin into the stomach.

In the author's opinion, the Janeway gastrostomy is the preferred technique. If the catheter tube becomes dislodged for any reason, the care giver need only re-insert a new tube into the opening on the abdominal wall. If the feeding tube that is used for either a PEG or standard gastrostomy becomes dislodged, the resident must be taken back to the hospital for re-insertion. In addition, continued feedings through a dislodged PEG or standard gastrostomy may be associated with significant complications. This potential is completely avoided with the Janeway gastrostomy. Thus, while the initial cost may be higher for the Janeway gastrostomy, the decreased risk of complications and the long term reliability of access serve to outweigh the additional cost of the out-patient surgical procedure.

National Association of Boards of Examiners of Long Term Care Administrators Update

by Barry S. Ramper, II, Chairman

The National Association of Boards of Examiners of Long Term Care Administrators (NAB) met for the mid-year meeting in November 2005. The NHA Examination Committee reviewed four new examination forms and removed obsolete questions relative to the federal examination. The Residential Care/Assisted Living (RC/AL) Committee completed the revision to the RC/AL Bibliography. The Education Committee recommended, and received approval for, the re-accreditation by NAB for the long-term care baccalaureate programs at Ohio University and Southern Adventist University. The Standards of Practice Committee and the State Governance and Regulatory Issue Committee reviewed the information from regional conference calls, held in October 2005. The committees also reviewed and discussed the NAB strategic goal of creating a national Code of Ethics for Long Term Care Administrators. Specific information will be obtained and reviewed. Discussion and review continued relative to developing a national minimum entry-level requirement for Long Term Care Licensure. The committees identified additional information to be obtained for review at the next meeting.

Enhancing Quality of Life for Long-Term Care Residents

by William Bordner, Director, Division of Nursing Care Facilities

With more than 82,000 residents in 734 long-term care facilities, Pennsylvania has the third-largest senior population in the nation, with 15.4% of its population 65 years and older. The Pennsylvania Department of Health, which licenses and regulates a variety of health care facilities, including nursing homes, is actively seeking ways to enhance the quality of care for nursing home residents.

The Department went beyond its survey and regulatory functions, partnered with a private sector research consulting group and implemented the Nursing Care Facilities Best Practices Project. Project development included representatives from other government and regulatory agencies, healthcare provider associations, long term care advocacy groups and nursing home resident councils. The project has provided Pennsylvania nursing homes with proven best practices to improve the quality of care for their residents.

The Nursing Care Facilities Best Practices Project was created to scientifically study, measure and provide proven best practices to aid Pennsylvania long-term care facilities in providing the best possible quality of care to residents. Its primary objectives are to:

- Evaluate the quality of care across multiple domains in long-term care facilities in Pennsylvania;
- Identify and implement a set of best practices protocols designed to improve quality of care; and
- Evaluate the effectiveness of protocol implementation in achieving improved quality of care.

The project was launched in 2001 and continued to expand to more Pennsylvania nursing homes during 2006. Currently, there are 102 nursing care facilities participating in the project: fifty-one facilities are participating as test sites and fifty-one nursing care facilities are participating as control sites. To date, a total of five best practices protocols were developed and implemented through the project in three separate phases. Following is a summary of the project's three developmental and implementation phases:

PHASE 1 **April 2001 to May 2003**
10 Test Sites & 10 Control Sites
Developed and implemented 3 Best Practice Protocols
1) Improvements in Activities of Daily Living
2) Depression Management
3) Pain Management

PHASE 2 **June 2003 to May 2005; 30 Test Sites & 30 Control Sites**
Developed and implemented 2 new Best Practice Protocols
4) Prevention of Pressure Sores
5) Management of Urinary Incontinence

PHASE 3 **July 2005 to May 2006**
21 Test Sites & 21 Control Sites
Implement 1 of 5 Best Practice Protocols in Additional Sites

Throughout all phases of the project, a nurse educator was assigned to each test facility to provide training and ongoing support. Training by the nurse educators included an in-depth understanding of the protocol area, how to assess and evaluate residents and the use of assessment and evaluation tools. Facility staff then screened residents using the assessment tools and developed and implemented care plans based on the best practices protocol.

Most importantly, staff at each test facility reported observing first-hand improved quality of life for residents, especially in areas of greater comfort from pain, better sleep and nutrition, and a decrease in problematic behavioral symptoms.

Enhancing Quality of Life

Continued from previous page

Throughout the Best Practices Project, protocol intervention outcomes were analyzed using quality indicators (QIs) derived from computerized longitudinal Minimum Data Set (MDS) Version 2.0 resident assessments. In addition, project quality assessments were completed by facility staff as part of their ongoing routine care and staff received protocol implementation training and support from the nurse educators.

The positive outcomes achieved in all phases of the project demonstrate that facility staff implementation of best practices protocols, with intensive initial and subsequent support from trained nurse educators, is an effective method for improving the quality of care that nursing facilities provide to residents who have or are at risk for developing problems in major quality areas.

ACTIVITIES OF DAILY LIVING (ADL)

During the implementation of the ADL protocol, either dressing or eating was selected for each resident. Using the MDS data, the ADL late loss worsening quality indicator was analyzed. Late loss ADLs include loss of bed mobility, transfer and toilet use, in addition to dressing and eating.

Test facilities in the project IMPROVED 26.1 PERCENT compared to a 13.7 percent improvement for control facilities.

PAIN MANAGEMENT

Seven quality indicators were examined for the pain management protocol: inadequate pain management, pain worsening, behavior problems, behavior problems-high risk, behavior problems-low risk, behavior problem worsening and depressed/anxious mood worsening. Test facilities implementing the pain management protocol IMPROVED 14.8 PERCENT compared to a 5.6 percent decline in control facilities.

DEPRESSION MANAGEMENT

Quality indicators examined for the depression protocol included: depressed/anxious mood worsening and little or no activities.

Test facilities in the project IMPROVED 15.1 PERCENT compared to a 3.4 decline experienced by control facilities.

TREATMENT FOR PRESSURE ULCERS

Quality indicators for the pressure ulcer protocol included: prevalence of pressure ulcers, pressure ulcers-high risk, pressure ulcers-low risk and pressure ulcers worsening.

Test facilities implementing the pressure ulcers protocol IMPROVED 15.8 PERCENT compared to a 12.7 percent decline in control facilities.

TREATMENT FOR URINARY INCONTINENCE

Nine quality indicators were analyzed for the urinary incontinence protocol: prevalence of bowel/bladder incontinence, incontinence-high risk, incontinence-low risk, bowel incontinence worsening, bladder incontinence worsening, urinary tract infection, incidence of new indwelling catheter, incidence of indwelling catheter and prevalence of pressure ulcers. Test facilities in the project IMPROVED 1.9 PERCENT compared to a 10.1 percent decline in control facilities.

Through measurable MDS quality indicators, the Best Practices Project has provided the Department of Health with the following key insights concerning the impact of best practices protocols on facilities, their staff and residents:

Continued on page 9

By 2030, one in every five Americans will be a senior citizen.

Application and Permit Reviews

by James E. Miller, Jr.

Applications for admission to the licensing examination continue to be reviewed by the state board. With a new Administrator-In-Training (AIT) program on the verge of adoption into Pennsylvania Code, we hope to quell projected/current shortages in our profession. Applications continue to be available at the Bureau of Professional and Occupational Affairs.

As part of the Examination Committee of the board, I have had the opportunity to review applications for admission to the examinations under various eligibilities. When applications are being reviewed, board members have been finding several similar problems which result in requests for additional information (currently only about half of the applications received are approved without further requests). Some common faults on applications include:

- Signatures and dates are not on forms as required.
- References to AIT experience cannot be counted. While approval of an AIT program is in the works, it is clearly defined that this is not acceptable experience for the applicant's term.
- The applicant's position needs to be clearly defined on the organizational chart. If you are applying as an assistant administrator or as a department manager, the organizational chart should clearly reflect your position and those you supervise.
- Descriptions of job duties should be specific and to the point. Using experiences from all aspects of the nursing home's departments gives board members better knowledge of your understanding for the position.

Accuracy on applications sets a good impression when it is reviewed by a board member and expedites the decision process. We continue to work to assure materials are processed in a timely manner.

Applying for a temporary permit is a process to be carefully planned. Pennsylvania Code and the Nursing Home Administrator Act 122 allow for permits to be issued when the nursing home is in an emergent situation. Though the board may, at its discretion, issue permits particular to individual circumstances, the intention is to have a Pennsylvania licensed administrator in all homes. For applicants licensed in other states, licensure can be obtained through endorsement. With cooperation from the state you hold a license in, this process can sometimes be completed in a more efficient manner.

Reminder...

Renew Your License Online

Go to the Department's Web site at www.dos.state.pa.us

Click on RENEW a Professional License (www.myLicense.state.pa.us).

Then simply follow the instructions to renew your license online.

You are eligible to renew online if:

- You are currently in your license renewal period
- Your license is delinquent by no more than 30 days

First-time users will need the following information:

- Pennsylvania License Number
- Registration Code
- Current mailing address
- Credit Card information
- E-mail address

Culture Change...

Continued from page 4

effort must be demonstrated by the senior leadership. Reinforcement of the concepts will be needed as barriers or limitations are raised by staff. Teams are created where there is mutual appreciation and respect for each other. Informal leaders will surface and it is important to recognize their leadership talents. New relationships will form as staff are empowered to make decisions. Organizational structures will change and flatten as decision making is afforded to the front line worker.

Empowerment of staff by no means implies loss of control, but rather creates an environment of accountability and responsibility handed to staff who are intimate with the residents. It never means chaos and "do what you want, whatever you please." It requires a strong leader to permit and encourage staff to make decisions that affect others lives and then to accept that the means may be a different path than that chosen by the leader. It permits mistakes and encourages learning.

Because it is an initiative supported by CMS, state survey agencies are supporting this effort. Leaders at the state level are learning; they are open to hearing the implications of the culture change effort. Omnibus Budget Reconciliation Act (OBRA) supports resident rights and therefore this push to create a more home-like atmosphere is synchronous with the OBRA directives. CMS has also added this to the eighth SOW for state quality improvement organizations. Additional staff is not required and, in fact, there is some evidence that less may be required.

Consultants abound who are willing and knowledgeable about the transformation journey; however, it is not necessary to engage them to assist you. A leader from among your staff, given the right milieu and support from you as administrator, can lead a very effective internal effort.

As administrators, you have already committed to provide dignity and quality of life to those entrusted in your care. Even though you believe this is already being offered in your facilities, I challenge you to follow the schedule of just one of your residents as they are cared for in your facility. Identify those gaps where that care is not as you would prefer or that you follow with your own preferences.

Additional information is available at the following sites:

Quality Insights of Pennsylvania: www.qipa.org
Institute for Caregiver Education:
www.caregivereducation.org
Pioneer Network: www.pioneernetwork.net
Eden Alternative: www.edenalt.com

Enhancing Quality of Life

Continued from page 7

- The quality of care can be improved for residents of long term care facilities through the systematic and consistent implementation of best practices protocols.
- The role of the nurse educator, in providing both training and ongoing support, is vital to the sustained success of protocol implementation and integration.
- Successful implementation requires facility staff input to customize best practices protocols.
- Successful implementation requires a commitment by all staff at every level, every shift.
- Best practices are interrelated and can lead to quality improvement in other areas.

As part of the department's goal to provide long term care facilities with best practices protocols to help facilities improve the quality of care for residents, the best practices protocols have already been made available to all nursing facility staff in Pennsylvania.

Results from the project have proven that the best practices are very effective in improving quality of care. All five best practices protocols were successfully implemented in participating test facilities and the facilities reported that best practices protocols have resulted in increased consistency of internal systems, further strengthening of the interdisciplinary treatment approach and communications, and improved professional skill levels and job satisfaction.

The Department of Health and the Best Practices Project is currently seeking additional funding for extended research into the cost effectiveness of the protocols as well as the impact on specific demographic groups of long term care residents.

Disciplinary Actions

Following is a chronological listing of disciplinary actions taken by the board from June 2005 through April 2006. Each entry includes the name, certificate or registration number (if any), and last known address of the respondent; the disciplinary sanction imposed; a brief description of the basis of the disciplinary sanction and the effective date of the disciplinary sanction.

Every effort has been made to ensure that the following information is correct. However, this information should not be relied on without verification from the Prothonotary's Office of the Bureau of Professional and Occupational Affairs. One may obtain verification of individual disciplinary action by writing or telephoning the Prothonotary's Office at P.O. Box 2649, Harrisburg, PA 17105-2649; (717) 772-2686. Please note that the names of persons listed below may be similar to the names of persons who have not been disciplined by the board.

Shari Magen Erthal, license no. **NH-003600L**, of Lansdale, Montgomery County, was issued a public reprimand and ordered to pay a $1,000 civil penalty for not completing 24 of the required 48 hours of approved continuing education in nursing home administration for the biennial period July 1, 2000 through June 30, 2002. (06-08-05)

Lois A. Eisenman, license no. **NH-006049L** of Clearfield, Clearfield County, was ordered to pay a $500 civil penalty because Eisenman failed to provide proof of having completed 48 hours of continuing education between July 1, 2002 and June 30, 2004. (07-13-05)

David Dunham Arnold, license no. **NH-003582L**, of Athens, Bradford County, agreed to a permanent voluntary surrender of his license because Arnold was convicted of one count of grand larceny in the first degree and three counts of grand larceny in the second degree in the Albany County Court of New York for fraudulently billing for services never provided to New York State Medicaid patients residing at Heritage Nursing Home in Athens and for improperly obtaining payments from New York for services Pennsylvania was already reimbursing. (04-13-05)

Michael J. Soisson, license no. **NH-004683L**, of Mechanicsburg, Cumberland County, agreed to the permanent voluntary surrender of his license as a nursing home administrator in Pennsylvania. Soisson failed to complete 48 hours of required continuing education hours between July 1, 2000 and June 30, 2002. (04-13-05)

Efrat Miodovnik, license no. **NH-003548L**, of Boston, Massachusetts, was ordered to pay a $1,000 civil penalty for not completing 48 hours of approved continuing education in nursing home administration for the biennial period July 1, 2000 through June 30, 2002. (04-13-05)

UNETHICAL OR UNLICENSED ACTIVITY

If you believe the practice or service provided by a licensed professional to be unethical, below an acceptable standard or out of the scope of the profession; or if you are aware of unlicensed practice, please call the Bureau of Professional and Occupational Affairs complaints hotline at:

In Pennsylvania: 1-800-822-2113

Out of State: 1-717-783-4854

A complaint form is available on the Department of State's website:

www.dos.state.pa.us

Disciplinary Actions

Christine Figorski Lorah, license no. **NH-002053L**, of New Oxford, Adams County, was suspended for no less than six months, required to complete continuing education coursework and assessed a $1,000 civil penalty. Lorah was found to be unfit or incompetent by reason of negligence, habits or other causes, engaged in unprofessional conduct, and repeatedly acted in a manner inconsistent with the health and safety of patients of the home of which she was the administrator. (04-13-05)

Steven D. Tack, license no. **NH-003500L**, of Kittanning, Armstrong County, was ordered to pay a $2,000 civil penalty and issued a public reprimand. Tack failed to renew his license to practice nursing home administration and continued to practice while his license was expired from July 31, 2002 through Feb. 4, 2004, and because he used the title of Nursing Home Administrator at Chicora Medical Center in Chicora, Pennsylvania from July 31, 2002 through Feb. 4, 2004, during which time his license to practice nursing home administration had expired. (10-12-05)

Shari Magen Erthal, license no. **NH-003600L**, of Lansdale, Montgomery County, was suspended until such time as her civil penalty is paid in full and her continuing education hours have been completed, based on her failure to pay the $1,000 civil penalty levied and complete 24 hours of continuing education for the period of July 1, 2000 through June 30, 2002. (02-14-06)

Efrat Miodovnik, license no. **NH-003548L**, of Boston, MA, was suspended until Miodovnik's civil penalty is paid in full and the continuing education hours have been completed based on non-compliance of the board's April 13, 2005 order. (02-14-06)

Christine Clark, license no. **NH-003088R**, of Gilbertsville, Montgomery County, was required to pay a $1,000 civil penalty. Twelve credit hours taken in October 2004 will be applied to the July 1, 2002 through June 30, 2004 licensing period. Clark must complete the three lacking credit hours for the July 1, 2002 through June 30, 2004 licensing period within 90 days, because she failed to complete required continuing education credits by 15 credit hours for the July 1, 2002 through June 30, 2004 licensing period. (04-12-06)

Check www.dos.state.pa.us for updated disciplinary action reports.

Administrator-In-Training Program Update

Continued from page 2

an AIT program, comprehensive reports must be submitted by the nursing home administrator supervisor and the applicant, which will demonstrate the comprehensiveness of the program. If the board is satisfied that all requirements have been met, the applicant will be authorized to sit for the examinations.

The primary difference between the proposed AIT program and the present situation is that under the AIT program, the applicant can be serving, or working, in the nature of an intern, whereas under the present situation, the applicant must serve six to 12 months working as an assistant nursing home administrator. Many, if not most nursing homes, simply cannot afford hiring and paying for an assistant administrator, thus denying interested individuals the opportunity of gaining the requisite experience. An AIT on the other hand, can serve as an intern. The board believes that offering this alternative means of qualifying to sit for the examinations to a person who has met rigid standards of higher education will encourage such persons to enter the field of nursing home administration.

PENNSYLVANIA
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