

Preceptor Certification

Handout Material Prepared by

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How to Conduct and Structure and Effective AIT Program

North Carolina of Examiners

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RECOMMENDED AIT READING LIST

1. North Carolina Nursing Home Regulations
2. Individual Nursing Home Manuals
 - a. Personnel Policies and Procedures
 - b. Business Office Policies and Procedures
 - c. Housekeeping
 - d. Nursing
 - e.
3. *Principles of Health Care Administration*, by Joseph E. Townsend, available from Professional Printing and Publishing Co. at PPandP.com.
4. *Long Term Care Survey*
5. *Results that Last* by Quint Studer
6. *Chess Not Checker Evaluate Your Leadership Game* by Mark Miller
7. National Association of Long Term Care Administrators Boards (NAB)
And American College of Health Care Administrators (ACHCA)
National Administrator-in-Training Program Manual
8. NAB and ACHCA National Administrator-in-Training Program Manual
9. NAB Study Guide
10. NAB Candidate Handbook

AIT REPORT TO PRECEPTOR

INSTRUCTIONS: Fill in each section of this report as you undertake your A.I.T. training. First, show the date you began in a department, then the date you complete that rotation. Show the dates by each topic indicating when you had instruction and experience in that area of training. If it is an activity you are involved in continuously such as staff meetings, put “weekly”, “continuously”, or whatever is appropriate. Add any topics your preceptor assigns.

I. ADMINISTRATION

Date began _____ Date Completed _____

Topic Areas	Date Covered
1. Licensed Nursing Homes—definition	_____
2. Provider Enrollment	_____
3. Certification (Medicare, Medicaid)	_____
4. Construction, renovations, plans	_____
5. Ownership	_____
a. CMS 355A	_____
b. Change	_____
6. Governing body—make-up, duties	_____
7. Planning, organizing—teams, shifts, departments, work groups.	_____
8. Directing employees—instructions, leading, motivating, communicating, etc.	_____
9. Marketing & Public Relations—public image, recruiting residents, physician relations	_____
10. Correcting errors in work performance	_____
11. Types of Management	_____
a. MBWA	_____
b. TQM	_____
12. Legal	_____
a. Responsible Party, sponsor, legal representative	_____
b. Advance Directives—DNR, Living Will, etc.	_____
c. Powers-of-Attorney—types, authority	_____
d. Interdiction—conservator, guardian	_____
e. Contracts	_____
13. Resident Rights	_____
a. Notice of rights and services	_____
b. Notification of change	_____
c. Delegation of legal representative	_____

- d. List of rights
- e. Title VI requirement
- 14. Complaints by residents and family _____
 - a. Duty to report, time factor
 - b. Investigation procedure of abuse, neglect, etc.
 - c. Where to report
 - d. Use of forms
 - e. Counseling techniques
 - f. **How to Handle**
- 15. Incidents and accidents _____
 - a. Report content
- 16. Surveys—state and federal _____
 - a. Frequency and types _____
 - b. Preparing for surveys _____
 - 1. Survey manual
 - c. The survey procedure _____
 - d. Deficiencies _____
 - e. Plan of Correction (2567) _____
 - 1. How to answer.
- 17. Violations, penalties, appeals _____
 - a. Scope and Severity _____
 - b. Example of each class _____
 - c. Remedies for each class _____
 - 1. Fines
 - 2. Temporary Manager
 - 3. Denial of Payment for new admissions
 - 4. Withholding of vendor payments
 - 5. Other
 - d. Appeals _____
 - 1. Informal Dispute Resolution
 - 2. Steps in appeal
 - 3. Judicial review
- 18. Ombudsman Program (Older Americans Act of 1965) _____
 - a. Duties
 - b. Accessibility to residents
 - c. Notice of transfer appeal
 - d. Other resident advocates
- 19. Quality Assurance (QAPI) _____
 - a. Committee make-up and duties
 - b. Meeting and report
- 20. Compliance and Ethics (Phase 3) _____
 - a. When to report to licensing board
 - b. Committee on ethics in resident care

21. Corporate Compliance—Program by which corporation _____
protects self from accusations of Medicare/Medicaid
fraud and questions of professional integrity
- a. Designate compliance officer and duties
 - b. Applicable laws
 - c. Written policies and procedures
 - d. Educate staff—standards to prevent fraud
 - e. Monitor program
22. Compliance and Ethics (Phase 3 of the Federal Regulations)
- 23.

Name _____

Date Submitted _____

II. HUMAN RESOURCE MANAGEMENT

Date began _____ Date Completed _____

Topic Areas	Date Covered
1. Policy and Procedure	_____
a. Employee handbook	_____
2. Application form/interviewing	_____
a. Wage and Hour requirements	_____
b. EEOC requirements	_____
c. I-9 Form	_____
d. ADA regulations	_____
3. Checking References	_____
4. Certified Nursing Aide Program	_____
a. Training and certification	_____
b. Registry	_____
5. Criminal history, screening, testing	_____
a. Licensed personnel certification	_____
b. TB testing	_____
c. Other pre-employment testing	_____
6. Orientation and training	_____
a. Certified Nursing Aide Training—12 hrs/yr.	_____
b. Staff training program	_____
7. Pay scale and benefits	_____
a. Fair wage standard	_____
b. Employee benefits required	_____
(1) Social Security	_____
(2) Medicare	_____
(3) Workers' Compensation	_____
(4) Unemployment insurance	_____
(5) Family and Medical Leave	_____

- 8. Key personnel
 - a. Administrator (NHA)
 - (1) Requirements
 - b. Assistant Administrator
 - c. Director of Nursing (DON)
 - d. Assistant Director of Nursing (ADON)
 - e. RN coverage, charge nurse
 - f. Waivers—Medicaid, Medicare

- 9. Personnel assignment
 - a. Each tour of duty
 - b. Co-mingling department staff
 - c. Infected lesions, communicable disease
 - d. Nursing hours/patient/day
 - e. Full time equivalents
 - f. Staffing reports (CMS)
 - g. Daily posting

- 10. Personnel Records
 - a. Content
 - b. Availability (state requirements)
 - c. Retention
 - (1) Wage and Hour recommendation
 - (2) State law

- 11. Monitoring employee performance
 - a. What? How? By whom? When?

- 12. Performance evaluations
 - a. Who does them? How? When? Use?

- 13. Fair Labor Standards Provisions
 - a. Wage, hours, overtime
 - b. Family and Medical Leave Act
 - c. Child labor—age, hours, pay
 - d. Record keeping
 - e. Exempt vs. non-exempt
 - f. Penalties

- 14. Employee Grievances

- 15. Discipline of employees
 - a. Purpose
 - b. CNA—What must do?
 - c. Counseling employees
 - (1) Crisis intervention

(2) Problem Solving

- 16. Termination (Voluntary and Involuntary) _____
 - a. Involuntary—where, when, how. Witnesses? _____
 - i) progressive
 - ii) immediate
 - b. Exit interview by NHA, value _____
 - c. Health insurance (COBRA) _____
- 17. Organized Labor—FLSA _____
 - a. What can and cannot do? _____
- 18. NLRB—Labor Unions _____
- 19. Percent signing that authorizes elections _____
- 20. Percent vote that determines elections _____
- 21. Bargaining _____
- 22. Labor/management agreement _____
- 23. Mediation _____
- 24. Arbitration _____
- 25. Decertification _____
- 26. Employee Safety Program _____
- 27. HIPAA _____
- 28. Ethics _____

Name _____

Date Submitted _____

III. NURSING

Date began _____ Date completed _____

Topic Areas	Date Covered
1. Staffing requirement	_____
a. RN's, LPN's, CNA's—scheduling	_____
b. Competency-based staffing	_____
c. Posting	_____
d. Waiver—Medicaid, Medicare	_____
e. Physicians	_____
(1) Frequency of visits	_____
(2) Duties	_____
(3) Signature—fax	_____
(4) Medical Director	_____
2. Nursing manuals	_____
3. Admissions	_____
a. Pre-admit medical evaluation	_____
b. Medical and social history	_____
c. TB testing/ chest x-ray	_____
d. Resident refusing admission	_____
4. Preadmission screening	_____
a. Purpose and process	_____
b. PASARR	_____
5. Assessment	_____
a. Interdisciplinary team—make-up and duties	_____
b. Medicaid	_____
(1) MDS and CAAs content	_____
(2) Time limit	_____
(3) Frequency	_____
(4) Triggers	_____
(5) Electronic reporting	_____

- c. Medicare
 - (1) MDS,CAAs—same as Medicaid _____
 - (2) Frequency—NOT THE SAME AS MEDICAID _____
 - (3) Electronically transmit to Medicaid Agency _____
 - (4) Cost Analysis _____

- 6. Comprehensive Care Plan
 - a. Resident/family participation _____
 - b. Contents and timing _____
 - c. Review and revision _____
 - d. Physician role _____

- 7. Medications program
 - a. Pharmacists and duties _____
 - b. Pharmaceutical Committee—state _____
 - c. Ordering Medications _____
 - d. Antipsychotic drugs _____
 - e. Unnecessary drugs _____
 - f. Storage
 - (1) Scheduled _____
 - (2) External/Internal _____
 - g. Approved drugs and biologicals _____
 - h. Administration of medications _____
 - i. Medication Error Rate _____
 - j. Destruction of medications _____
 - k. Medicare Modernization Act _____
 - l. Emergency Drug Kit _____

- 8. Ancillary Services
 - a. Dental _____
 - b. Radiological and other diagnostic
 - (1) Consolidated billing for services _____
 - c. Laboratory
 - (1) Consolidated billing for services _____
 - d. Non-emergency transportation
 - (1) Consolidated billing for services _____

- 9. Hospice Services
 - a. Admission criteria _____
 - b. Facility role _____
 - c. Reimbursement _____

- 10. Mental Health Services _____
 - a. Definitions, services

- 11. Nursing Care (give AIT hands-on experience in all possible procedures.) _____
 - a. Skin care _____
 - b. Ambulating, body mechanics _____
 - c. ADL's _____
 - d. Incontinence _____
 - e. Restorative nursing _____
 - f. Hydration _____
 - g. Vision, hearing _____
 - h. Restraints _____
 - i. Other _____

- 12. Transfer and Discharge _____
 - a. Reasons _____
 - b. Immediate and 30-day notice _____
 - c. Appeals _____
 - d. Room to room _____
 - e. Bed hold policy _____
 - (1) Informing the resident/legal responsible party _____
 - f. Discharge summary _____

- 13. Evaluating nursing services _____

- 14.

Name _____ Date Submitted _____

IV. REHABILITATION

Date began _____ Date completed _____

Topic area	Date Covered
1. Personnel	_____
a. Physical Therapist	_____
b. Occupational Therapist	_____
c. Speech/language	_____
d. Intellectually Disabled (ID) specialist	_____
e. MI specialist	_____
2. Equipment	_____
3. Physician's orders	_____
4. Steps in planning program	_____
a. Assess needs	_____
b. Set goals	_____
c. Select modalities	_____
d. Coordination between departments**	_____
5. Implement services	_____
6. Reporting progress—when?	_____
7. Restorative nursing	_____
8.	_____

Name _____

Date Submitted _____

V. MEDICAL RECORDS

Date began _____ Date completed _____

Topic Areas	Date Covered
1. Staffing requirement	_____
2. Contents	_____
a. Sequence in filing	_____
b. Charting errors—correcting	_____
c. Electronic signatures (Medicare)	_____
d. Use of fax	_____
e. Form—written, microfilm, electronic, etc.	_____
3. Recording of progress notes	_____
4. Ownership	_____
a. Availability to individuals and to staff	_____
5. Confidentiality	_____
a. Release of information	_____
b. Subpoena duces tecum	_____
c. Resident copies	_____
d. HIPAA	_____
6. Closing record	_____
a. Discharge summary—content	_____
b. Deadline for closing—90 days	_____
7. Retention	_____
a. CMS requirement	_____
b. When facility changes hands	_____
c. When facility closes	_____
d. Storage	_____
8.	_____

Name _____

Date Submitted _____

VI. RESIDENT ACTIVITIES

Date began _____ Date completed _____

Topic Area	Date Covered
1. Staffing	_____
a. Number required	_____
b. Qualifications	_____
2. Duties	_____
a. Scheduling individual and group activities	_____
b. Calendar	_____
c. Using outside resources—in and out of facility	_____
d. Volunteers	_____
3. Assessments	_____
a. Time limit for plan	_____
b. Written plan	_____
c. Specific problem/need areas	_____
4. Role on Interdisciplinary team	_____
5. Progress notes	_____
6. Resident/Family groups	_____
a. Who can attend?	_____
b. Facility duties	_____
c. Administrator's role	_____
7. Useful service by resident	_____
8. Evaluating program effectiveness	_____
9. Culture Change	_____
10.	_____

Name _____

Date Submitted _____

VII. SOCIAL SERVICES

Date began _____ Date completed _____

Topic Areas	Dates Covered
1. Social Worker qualifications	_____
a. 121 beds or more	_____
b. 120 beds or less	_____
2. Social histories	_____
a. Background	_____
b. Social functioning	_____
c. Role in admissions	_____
3. Interviewing new residents and families	_____
a. Financial planning for residents	_____
4. Community resources to meet residents needs	_____
a. List of resources	_____
b. Use of resources	_____
c. Referral techniques	_____
5. Needs assessment	_____
6. Interdisciplinary team role	_____
7. Writing progress notes	_____
8. Handling resident's personal needs and problems such as mail, correspondence, financial	_____
9. How to evaluate social service	_____
10. Counseling—Crisis intervention	_____
a. Anger	_____
b. Depression	_____

11.

Name _____

Date Submitted _____

VIII. BUSINESS OFFICE

Date began _____ Date completed _____

Topic Areas	Date Covered
1. Vendor payment	_____
a. Title XIX (Medicaid) eligibility	_____
(1) Beginning date of payment	_____
(2) Retroactive payment	_____
(3) Resident personal care income	_____
b. Title XVII (Medicare) eligibility (PPS)	_____
(1) Part A and Part B	_____
(2) Number days covered	_____
(3) Co-payments—insurance, Medicaid	_____
(4) Denial letters	_____
2. Basis of Accounting and Budgeting	_____
a. Generally Accepted Accounting Principles (GAAP)	_____
b. Accrual and cash basis—Medicare requirements	_____
c. Budgeting	_____
3. Payment for temporary absences	_____
a. Hospital days	_____
b. Home leave	_____
c. Evacuation absence	_____
d. Elopement days	_____
4. Resident funds	_____
a. Deposits—type of account	_____
b. When resident’s funds approach maximum allowed	_____
c. Surety bond	_____
d. How funds can be used	_____
e. Procedure after death	_____
5. Services and supplies included in per diem	_____
a. General—room, board, professional	_____
b. Personal care supplies	_____
c. Over-the-counter drugs	_____
d. Wheelchairs and other assistive devices	_____
e. Medical supplies	_____
f. Incontinent care and supplies	_____
g. Catheters	_____
h. Laundry	_____
i. Oxygen	_____

- 6. Services and supplies excluded _____
- 7. Request for new items and services _____
- 8. Ventilator equipment _____
- 9. Arrangement for services not included in vendor payment _____
 - a. Reserving beds _____
 - b. Colostomy materials _____
 - c. Oxygen concentrators _____
 - d. Sitters _____
- 10. Billing (accounts receivable) Medicaid _____
 - a. Fiscal intermediary _____
 - b. Turnaround document (if applicable) _____
 - c. Allowable and non-allowable costs _____
 - d. Direct Cost _____
 - e. Indirect Cost _____
 - f. Ancillary cost _____
 - g. Bed-hold procedures and billing _____
 - (1) Home leave _____
 - (2) Hospital leave _____
 - (3) Evacuation leaves _____
 - (4) Elopement _____
 - (5) Reserving days _____
- 11. Billing Medicare (PPS) _____
 - a. **PDPM** _____
 - b. Fiscal intermediary _____
 - c. Per diem rate _____
 - d. **Consolidated billing** _____
 - (1) Who is responsible for what charges? _____
- 12. Billing Private Pay Residents _____
- 13. Tracking Accounts Receivable _____
- 14. Accounts payable _____
 - a. Purchasing, receiving _____
 - b. Use of bids and quotes _____
 - c. Inventorying _____
 - d. Use of discounts _____
 - e. Use of full credit period _____
 - f. Lag time _____
- 15. Leases and contracts _____

- a. Termination clauses on contracts _____
- 16. Related party transactions _____
 - a. Anti-kickback provisions _____
 - b. Safe Harbor laws _____
- 17. Payroll accounting and tax reports _____
 - a. Time sheets _____
 - b. FWT, SS, Medicare—depositing _____
 - c. FICA—depositing _____
 - d. State income and other taxes _____
 - e. Retention of records—time cards, other _____
 - f. **Payroll Based Journal** _____
- 18. Insurance _____
 - a. Unemployment _____
 - b. Workers Compensation _____
 - c. Liability _____
 - (1) Malpractice _____
 - (2) General _____
 - d. Fire and extended coverage _____
 - e. Resident valuables _____
- 19. Petty Cash _____
- 20. Banking _____
- 21. Cost Reports _____
 - a. Form _____
 - b. Initial and annual, other _____
 - c. Retention of financial records _____
- 22. Audits _____
- 23. Fraud control (Corporate Compliance) _____
 - a. Safe Harbor regulations) _____
 - b. Anti-kickback statutes _____
 - c. Anti-referral provisions _____

Name _____

Date Submitted _____

IX. DIETARY

Date began _____ Date Completed _____

Topic Areas	Date covered
1. Staffing requirements	_____
a. Consultant dietitian	_____
b. Dietary Manager	_____
c. ServeSafe Certification	_____
2. Menus and records—food preferences	_____
a. Therapeutic diets	_____
b. Retention of records	_____
3. Meal frequency	_____
4. Purchasing, receiving, storage	_____
a. Procedures for purchasing	_____
b. Receiving reports	_____
c. Storage and temperatures	_____
(1) Potentially hazardous/meats	_____
(2) Frozen	_____
(3) Labeling and dating	_____
5. Issuing from storeroom, security	_____
6. Food carts/room trays	_____
a. Dining area—cleaning	_____
b. Serving/portions, snacks	_____
c. Temperature of hot and cold foods	_____
7. Dietary Equipment—care and upkeep	_____
8. Sanitation	_____
a. Preventing spread of disease	_____
b. Hand washing facilities	_____
c. Dishwashing	_____
(1) Temperatures	_____
d. Garbage storage and disposal	_____
e. Pest Control	_____
9. Prevention and control of grease fires	_____
10. Monitoring and evaluating food service	_____
a. Reports—Number of meals, types, frequency	_____

- (1) Raw food cost PPD _____
- (2) Total cost PPD _____
- b. Dietitian reports—content _____
- c. Number of complaints _____
- d. Conference with residents/families _____
- e. Mypyramids.gov _____
- f. Culture Change _____

11.

Name _____

Date Submitted _____

X. ENVIRONMENTAL SERVICES

Date began _____ Date completed _____

Topic areas	Date Covered
1. Staffing	_____
2. Cleaning procedures	_____
3. Safety measures	_____
a. Half corridor, signs	_____
b. Cart not left unattended	_____
c. Cart stored in locked areas	_____
d. Storage of equipment	_____
e. Odor control	_____
f. Aseptic cleaning	_____
g. Handling garbage and waste	_____
4. Linen and laundry	_____
a. Linen supplies	_____
b. Handling used and soiled linen (OSHA)	_____
c. Handling contaminated linen	_____
d. Checking machines	_____
(1) Proper temperatures	_____
(2) Overload/under load	_____
(3) Use of detergents	_____
(4) Filter cleaning	_____
(5) Cost	_____
5.	_____

Name _____

Date Submitted _____

XI. PHYSICAL PLANT/ATMOSPHERE

Date began _____ Date completed _____

Topic Areas	Date Covered
1. General Provisions	_____
a. Resident room—square footage	_____
(1) Contents, spacing	_____
(2) Lighting, sound visual, privacy	_____
(3) Furnishing, curtain, call system	_____
b. Locked Units	_____
(1) Admission criteria	_____
(2) Specific core plans	_____
c. Toilets, hand washing, bathing facilities, floors	_____
d. Dining and resident activity areas	_____
e. Water	_____
(1) Supply	_____
(2) Temperature	_____
(3) Backup supply	_____
f. Nursing Unit	_____
(1) Station	_____
(2) Preparation area	_____
(3) Storage	_____
2. Environment	_____
a. Safe, homelike, etc.	_____
b. Square footage/patient	_____
c. Soiled utility room	_____
d. Sewer system	_____
e. Handrails	_____
3. Maintenance	_____
a. Preventive	_____
4. Emergency power	_____
a. When required	_____
b. Monitoring the generator	_____

- 5. Pest control
 - a. Fire ants _____
 - b. Bed bugs _____

- 6. Waste and hazardous materials (OSHA) _____

- 7. Infection Control (CMS and OSHA)
 - a. Infection Control Program content _____
 - b. Preventing spread of infections _____
 - (1) CDC guidelines _____
 - c. Isolation techniques _____
 - d. Standard Precautions _____
 - e. **COVID-19 PROTOCOLS** _____
 - f. Infection Preventionist _____

- 8. OSHA programs
 - a. Blood borne pathogen
 - (1) Training _____
 - (2) Personal Protective Equipment (PPE) _____
 - (3) Sharp disposals _____
 - (4) Safety syringes _____
 - (5) Spill Kit _____
 - b. HBV requirement _____
 - c. Safety program
 - (1) Goal _____
 - (2) Program content _____
 - (3) Hazards _____
 - (4) Reportable accidents _____
 - d. Hazards Communication Programs
 - (1) Purpose _____
 - (2) Program content _____
 - e. Lock out/tag out _____

- 9. Safe Medical Device Act—Food and Drug Administration _____

- 10. Security
 - Active Shooter Training _____

11. Fire Prevention and Control

- a. Extinguishing systems
- b. Prevention
 - (1) Drills
- c. Fire control
 - (1) RACE
 - (2) Who is in charge?

12. Disaster preparedness

- a. What to plan for
- b. Program plans
- c. Medications to take
- d. Medical records to take
- e. Transportation out and back
- f. Evacuation plans
- g. Annual review and drill

13. Atmosphere of the facility

- a. Homelike, attractive
- b. Use of colors
- c. The Eden Alternative
- d. Staff-employee relationships
 - (1) Eye contact, smile and speak
 - (2) Interest in their possessions
- e. Staff-family and Staff-visitor relationships
 - (1) Never pass a person without connecting—
eye contact, smile, speak, ask if can help.

14. Life Safety Codes (2012 edition)

Name _____

Date Submitted _____

Websites

www.ahcancal.org

American Health Care Association

www.ansi.org

American National Standards Institution

www.cms.gov

Centers for Medicare and Medicaid Services

www.cobrahealth.com

COBRA

www.dea.gov

Drug Enforcement Administration

www.elderjusticecoalition.com

Elder Justice Coalition

www.fda.gov

Food and Drug Administration

www.dol.gov

Department of Labor

www.leadingage.org

LeadingAge

www.medicare.gov

Medicare

www.nabweb.org

National Association of Boards

www.nfpa.org

National Fire Protection Agency

www.nlrb.gov

National Labor Relations Board

www.oig.hhs.gov

Office of Inspector General

www.osha.gov

Occupation Safety & Health Administration