

The Florida Board of Nursing Home Administrators will hold a meeting on Friday, September 16, 2016, commencing at 9:00 a.m., or shortly thereafter. This meeting will be held at the Department of Health, 4042 Bald Cypress Way, Tallahassee, Florida, at meet me number (888) 670-3525, participant code 7342425515, to which all persons are invited to attend. Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

AGENDA

- I. CALL TO ORDER (Roll Call):

Henry Gerrity, III, NHA, Chair
Chantelle Fernandez, MBA, NHA
Patricia Feeney, RN, BSN, HCRM
Christine Hankerson, MSN, MS/P, Ph.D., RN
Michael Helmer, BA
William Phelan, MS, CAE
- II. APPROVAL OF MINUTES:
 - a. June 24, 2016 – Teleconference
- III. APPLICANTS PRESENTED FOR BOARD REVIEW:
 - a. Lisa Jo Desmarteau
 - b. Tamarah Ann Dicus-Wilbert
 - c. Paula Twitty
 - d. Michael Ray
- IV. RATIFICATIONS:
 - a. Licensure –
 - i. Nursing Home Administrators
 - ii. Nursing Home Administrators (Exam)
 - iii. Administrator-in-Training
 - iv. Preceptors
 - b. Continuing Education –
 - i. Providers and Courses Approved by CE Chair
- V. PROSECUTION REPORT:
- VI. CHAIR/VICE-CHAIR REPORT:

- a. Future Agenda Items

VII. EXECUTIVE DIRECTOR'S REPORT:

- a. Wanda Moak, NHA

VIII. PUBLIC HEARING ON RULES 64B10-16.001 - .007 (AIT Rules):

- a. 16.00x NPR.03 28 16
- b. 16.00x NOC.08 05 16
- c. 1600x letter from JAPC response 08 15 16
- d. Edits to Resolve JAPC concerns 09 01 16
- e. NHA admin-in-training NHA0003 Final Second revised 09 01 16
- f. NHA application preceptor Final Second revised 09 01 16
- g. 1000 Hour Checklist Final Revised 09 01 16
- h. 2000 Hour Checklist Final Revised 09 01 16

IX. BOARD COUNSEL REPORT:

- 1. 64B10-11.001
- 2. 64B10.11.003
- 3. 2016-222 LOF and Stats
- 4. 2016-2017 Annual Regulatory Plan
 - a. Rule 64B10-11.001 and 11.003 – Review and Discussion
 - b. Rule 64B10 – 14.005 – Review and Discussion
 - c. Draft Annual Regulatory Plan – Review and Approval
 - d. Rules Status Report – August 2016

X. COMMITTEE REPORTS:

- a. AIT/Preceptor – Fernandez/Gerrity/Lipman
- b. Budget – Helmer
- c. Continuing Education – Feeney
- d. Credentials – Lipman
- e.
 - i. NHA Licensure Requirement Summary
- f. Disciplinary Compliance – Hankerson
- g. Healthiest Weight – Hankerson
- h. Legislation – Helmer
- i. Probable Cause
 - i. Stats
- j. Rules – Feeney
- k. Unlicensed Activity – Feeney

- XI. OLD BUSINESS:
- XII. NEW BUSINESS:
- XIII. NEXT MEETING DATE:
 - a. January 13, 2017 – Orlando
- XIV. 2017 PROPOSED MEETING DATES:
 - a. January 13 – Teleconference
 - b. April 28 – Orlando
 - c. July 7 – Teleconference
 - d. August 25 – Orlando
 - e. October 20 - Teleconference
- XV. ADJOURNMENT

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FLORIDA | Board of Nursing Home Administrators
DRAFT MINUTES
June 24, 2016
Embassy Suites Orlando – Lake Buena Vista South
4955 Kyngs Heath Road
Kissimmee FL 34746

Anthony B. Spivey, DBA
Executive Director

I. Call to Order

The board meeting came to order at 9:00AM and the following members were present:

- | | |
|--|---|
| MEMBERS PRESENT: | STAFF PRESENT: |
| Henry Gerrity, III, Chair | Dr. Anthony B. Spivey, Executive Director |
| Scott Lipman, MHSA, NHA, Vice Chair | Gail Curry, Program Operations Administrator |
| Patricia Feeney, RN, BSN, HCRM | |
| Christine Hankerson, MSN, MS/P, Ph.D., RN | BOARD COUNSEL: Lawrence Harris |
| Michael Helmer, BA | |
| William Phelan, MS, CAE | |
- MEMBERS ABSENT:**
Chantelle Fernandez, MBA, NHA - Excused

1 **II. APPROVAL OF MINUTES (Started at 8:11AM and concluded at 8:12AM)**

2 Mr. Gerrity asked if there were corrections to the minutes for the March 18, 2010, teleconference and
3 none were noted by the board members. Michael Helmer motioned to approve the minutes and Scott
4 Lipman seconded the motion and it passed unanimously.

5 **III. FINAL ORDER ACTION**

6 **a. Voluntary Relinquishment**

7 a. Julius Ast
8 Case# 2015-27898

9
10 Mr. Ast was not present and not represented by counsel at the meeting. After discussion of the
11 information, Mr. Gerrity motioned to accept the voluntary relinquishment and Ms. Hankerson
12 seconded the motion. The motion passed unanimously.

13

14 **IV. PETITIONS:**

15 a. Variance/Waiver

16 i. Christopher Brookshire – Mr. Brookshire requested a variance to complete the
17 remainder of his continuing education classes online because a severe medical
18 condition. After discussion and review of the request, Ms. Hankerson motioned to
19 approve the request and Scott Lipman seconded the motion. The motion passed
20 unanimously.

21 ii. Michael Foxworthy – Mr. Foxworthy submitted a variance request to take the Nursing
22 Home Administrators examination under endorsement based on his attainment of one
23 year of managerial experience. His application was previously denied but after re-
24 submission of the information he had obtained one year of managerial experience,
25 under Rule 64B10-11.002 he met the endorsement requirements. Ms. Hankerson
26 motioned to approve an additional sixty days to take the examination and Mr. Gerrity
27 seconded the motion. The board approved the motion unanimously.

28

29 **V. APPLICANTS PRESENTED FOR BOARD REVIEW:**

30 a. Nursing Home Administrator – Shenika Lou Ann Ray

31 Ms. Ray applied for the Nursing Home Administrators examination and because her
32 application had an affirmative response to a question regarding a conviction, judgement
33 or disposition to a misdemeanor or felony conviction, the board is required to review
34 the application. The board reviewed the information presented and after discussion,
35 Mr. Gerrity motioned to approve the application request and Mr. Lipman seconded the
36 motion. The board passed the motion unanimously.

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VI. RATIFICATIONS

a. Licensure -

i. Nursing Home Administrators

Ms. Hankerson motioned to ratify license numbers 5884-5922 and Mr. Gerrity seconded the motion. The motion passed unanimously.

ii. Nursing Home Administrators (Exam)

Ms. Hankerson motioned to ratify license numbers 5417-5431 and Mr. Helmer seconded the motion. The motion passed unanimously.

iii. Administrator-in-Training 1000 Hour Program

Ms. Hankerson motioned to ratify the list of members and Mr. Gerrity seconded the list. The motion passed unanimously.

Administrator-in-Training 2000 Hour Program

Ms. Hankerson motioned to ratify the list of members and Mr. Gerrity seconded the list. The motion passed unanimously.

iv. Preceptors

Ms. Hankerson motioned to ratify the list of members and Mr. Helmer seconded the list. The motion passed unanimously.

b. Continuing Education

i. Providers and Courses Approved by CE Chair

The board ratified the list of courses and providers presented by Jill Burzynski.

VII. PROSECUTION REPORT

Mr. Gerrity motioned to accept the prosecutors report as presented and Mr. Lipman seconded the motion. The motion passed unanimously.

VIII. CHAIR/VICE-CHAIR REPORT

No report

IX. EXECUTIVE DIRECTOR REPORT

Dr. Spivey reminded the board of the Chair/Vice-chair meeting in on September 28, 2016 in Tallahassee.

1 **X. BOARD COUNSEL REPORT**

2 Mr. Harris presented the rules report along with the Administrator-in-Training
3 Rules to the board for review of various changes. After review of the
4 information, the board approved the changes presented by Mr. Harris.
5 Additionally, no Statement of Estimated Regulatory Cost (SERC) was necessary.

6 **XI. COMMITTEE REPORTS**

- 7 a. AIT/Preceptor – Fernandez/Gerrity/Lipman – No report
- 8 b. Budget – Helmer - No report
- 9 c. Continuing Education – Feeney - No report
- 10 d. Credentials – Lipman - No report
- 11 e. Disciplinary Compliance – Hankerson - No report
- 12 f. Healthiest Weight – Hankerson - No report
- 13 g. Legislation – Helmer - No report
- 14 h. Probable Cause - No report
- 15 i. Rules – Feeney – No report
- 16 j. Unlicensed Activity – Feeney – No report

17 **XII. OLD BUSINESS** None

18 **XIII. NEW BUSINESS** None

19 **XIV. NEXT MEETING DATE:**

- 20 a. September 16, 2016 - Orlando

21 **XV. 2017 PROPOSED MEETING DATES**

- 22 a. January 13 – Teleconference
- 23 b. April 28 – Orlando
- 24 c. July 7 – Teleconference
- 25 d. August 25 – Orlando
- 26 e. October 20 – Teleconference

27 **XVI. ADJOURNMENT**

28 There being no further business the meeting adjourned at 12:15

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from this document for security reasons**

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AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

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prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

Nursing Home Administrators Ratification List

Lic Nbr	Issue Date	Licensee Name
5925	05/25/2016	Robinson, Patti Jo
5926	05/25/2016	Corn, Trisha Ann
5927	05/25/2016	Miller, Sarah Ann
5929	06/08/2016	Rodrigues, Lorenzo Aloysius
5930	06/09/2016	Blackman, Russell
5931	06/09/2016	Gordon-Forbes, Cameron Douglas
5934	06/24/2016	Holmes, Dianna Kaye
5935	06/24/2016	Reynolds, Steven R
5936	07/01/2016	Brown, Jelise Dannette
5937	07/06/2016	Taylor, Wade Jackson
5938	07/06/2016	Rabold, Thomas Michael Jr
5941	07/11/2016	Bodie, Bradley Taylor
5944	07/22/2016	Manna, Erica
5945	07/27/2016	Lee, Woodie Wallace Jr
5946	07/27/2016	Sylvain, Yarly
5947	07/27/2016	Zola, Alexandra Estefania
5948	08/02/2016	Tyler, Brittney Monique
5949	08/04/2016	Cayea, Shannon Gayle
5950	08/04/2016	Noonan, Patrick Michael
5951	08/04/2016	Ramnarayan, Anil
5952	08/04/2016	Stockdale, Dan

Total: 21

Nursing Home Administrators Examination (Eligible)

Ratification List

File Nbr	Licensee Name	Eligible Date	Exam Modifiers
5275	Anderson, Brent David	05/18/2016	Laws & Rules Exam; Nab Exam
5444	Almond-Tomaino, Bernadette Lenore	05/19/2016	Laws & Rules Exam; Nab Exam
5467	Simpson, Ashley Marie	05/19/2016	Laws & Rules Exam; Nab Exam
5451	Taylor, Shonda Monique	05/20/2016	Laws & Rules Exam; Military Spouse Fee Waiver
5456	Nowlin, Jay	05/23/2016	Laws & Rules Exam
5279	Bolden, Kyle Patrick	05/25/2016	Laws & Rules Exam; Nab Exam
5351	Campbell-Everett, Kimberly Antoinette	05/31/2016	Laws & Rules Exam; Nab Exam
5351	Campbell-Everett, Kimberly Antoinette	05/31/2016	Laws & Rules Exam; Nab Exam
5463	Estep, Billie Jo Pauline	06/01/2016	Laws & Rules Exam
5433	Okronley, Marie Brown	06/06/2016	Laws & Rules Exam
5452	Scott, Shawn	06/06/2016	Laws & Rules Exam
5471	Guenther, Anne M	06/06/2016	Laws & Rules Exam; Nab Exam
5252	Lewis, Joseph Hargrove Iii	06/22/2016	Laws & Rules Exam; Nab Exam
5060	Ray, Shenika Lou Ann	06/30/2016	Laws & Rules Exam; Nab Exam
5478	Breashears, Shirley Jean	07/06/2016	Laws & Rules Exam
5303	Handuber, Anna Karolina	07/07/2016	Laws & Rules Exam; Nab Exam
5487	Wilkerson, Mary	07/11/2016	Laws & Rules Exam
5506	Spinneweber, Jody M	07/18/2016	Laws & Rules Exam; Nab Exam
5501	Schucker, Bradley Shea	07/26/2016	Laws & Rules Exam
5270	Guillaume, Guerchonite	07/27/2016	Laws & Rules Exam; Nab Exam
5367	Stamp, Ashley Marie	07/29/2016	Laws & Rules Exam; Nab Exam
5331	Reiz, Jason Scott	08/02/2016	Laws & Rules Exam; Nab Exam
5486	Joseph, Isnel	08/02/2016	Laws & Rules Exam; Nab Exam
5396	Burchers, Elizabeth Culleton	08/03/2016	Laws & Rules Exam; Nab Exam
4701	Joseph, Robenson Junior	08/05/2016	Laws & Rules Exam; Nab Exam
5129	Mcdonnell, Kevin Thomas	08/08/2016	Laws & Rules Exam; Nab Exam
5479	Bigelow, Jan Elaine	08/08/2016	Laws & Rules Exam
5483	Zellers, Rachel M	08/08/2016	Laws & Rules Exam; Temporary
5495	Hennemyre, Jon	08/08/2016	Laws & Rules Exam

Total: 29

Preceptor Eligibility

Lic Nbr	Licensee Name	Preceptor Eligibility Date
4780	Landy, Frederick	6/1/2016
4618	Owens-Wicker, Anna	7/18/2016
5236	O'Malley, Sean	7/18/2016
5372	Buxton, Michael	7/22/2016

Total: 4

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

TO: Board Members, Board of Nursing Home Administrators

FROM: Keri Kilgore, Regulatory Specialist II 

DATE: August 10, 2016

RE: Report of Continuing Education Providers & Courses approved by CE Chair

Please see the enclosed attachments of the Continuing Education Providers & Courses that have been approved by CE Chair during the period May 25, 2016 – August 5, 2016.

Thank you.

Keri Kilgore

Florida Department of Health

Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C07 • Tallahassee, FL 32399-3257
PHONE: (850)245-4444 • FAX: (850) 922-8876



Accredited Health Department
Public Health Accreditation Board

The Completely Automated Continuing Education (CE) Compliance Determination System



1-877-i-find-CE
(CALL TOLL FREE: 1-877-434-6323)
Monday through Friday, 8:00 am till 8:00 pm EST

Communication Center Licensees CE Providers Payment Info Users [Boards]

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USER: KERI KILGORE, Regulatory Specialist I, Florida Board of Nursing Home Administrators

Search Criteria

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- ▶ From **05/25/2016 to 08/05/2016**
- ▶ Statuses Include **APPROVED**

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CE Provider List

Educational Provider Name	CE Broker Provider #	Status	Date
SAGE INSTITUTE FOR FAMILY DEVELOPMENT	50-1736	APPROVED	05/31/2016

Provider Name	Provider #	Course Name	Course #	Status	Approved Date
COMMUNITY LIVING OPTIONS	50-10797	Medical Errors Prevention and Analysis	20-556982	APPROVED	5/31/2016
FLORIDA HEALTH CARE ASSOCIATION	50-720	2016 FHCA Precptor Refresher Course	20-538825	APPROVED	7/25/2016
INSTITUTE FOR NATURAL RESOURCES	50-3026	MALPRACTICE: AN UPDATE FOR HEALTH PROFESSIONALS	20-40632	APPROVED	6/22/2016
LEADINGAGE FLORIDA	50-689	53rd Annual Convention and Exposition	20-534253	APPROVED	6/20/2016
SAGE INSTITUTE FOR FAMILY DEVELOPMENT	50-1736	Dating, Relationships, and Quality of Life For Seniors	20-545942	APPROVED	5/31/2016

DOH/PROSECUTOR'S REPORT

BOARD OF NURSING HOME ADMINISTRATORS MEETING

Meeting Date SEPTEMBER 16, 2016

TO: Anthony Spivey, Executive Director
FROM: Carrie B. McNamara, Assistant General Counsel
DATE: August 16, 2016
RE: Current Open/Pending Nursing Home Administrator Cases

There are currently **20 open disciplinary cases** in the PSU Detailed Inventory.

- Under Legal Review: 10
- PC recommendation made or no PC found and not yet closed: 8
- Probable cause found/waived: 1
- Awaiting final action: 1
- Cases Older Than One Year: 8
 - 2014: 2
 - 2015: 8

One open case is in the Emergency Action Unit. The remaining nineteen open cases are in the Allied Section and assigned to Carrie McNamara. Of those, eight will be on the agenda for the next Probable Cause Panel meeting.

Rogers, Edith

From: Lawrence Harris <Lawrence.Harris@myfloridalegal.com>
Sent: Wednesday, June 01, 2016 10:20 AM
To: aundrealeonard@gmail.com
Cc: Knight, Savada X; Grunewald, Frank; Rogers, Edith
Subject: RE: FW: Petition for waiver/variance Nursing Home Administration
Attachments: 120542 and 28104.pdf

Good morning, Ms. Leonard. My name is Larry Harris, and I am legal counsel to the Florida Board of Nursing Home Administrators. Mr. Grunewald forwarded your email correspondence regarding a Petition for Variance or Waiver for my legal review, to ensure that it meets the minimum requirements under Florida law for the Board to be able to consider your request. Unfortunately, your Petition does not appear to be legally sufficient on its face, and as such, the Board would likely be unable to grant your request as currently written.

In Florida, Petitions for Variances or Waivers must be in "substantial compliance" with Section 120.542, Florida Statutes, and the uniform rules adopted to implement that statute in Chapter 28-104, Florida Administrative Code. I have attached copies of the statute and the rules for your convenience. In your case, I do not believe your Petition meets the minimum requirements for substantial compliance. Specifically, you cite Rule 28-104.005 as the rule from which you are seeking a waiver. This is the uniform rule governing Emergency Petitions - it is not the rule from which you seek relief. (I am presuming that you wish the Board to waive the requirements of Rule 64B10-11.003(3), F.A.C., but you do not state this.) In addition, it is unclear if you are seeking an emergency waiver or variance; if you are, there are very specific facts and circumstances that must be laid out to justify proceeding as an emergency and your Petition identifies nothing that would justify an emergency proceeding. In addition to the above deficiencies, it is unclear to me how your compliance with the rule would create a "substantial hardship" or would "violate principles of fairness" as defined in section 120.542(2), F.S.

Given these deficiencies, you may wish to revise your Petition to include the minimum information required by the statute and uniform rules. If you wish to do so, I would note that the Board next meets on June 24, 2016. Florida Law requires that Petitions for Variances or Waivers be publically noticed for at least 14 days, to allow comments. In order to comply with this time period, the Board office (Mr. Grunewald) would have to receive a revised petition no later than Tuesday, June 7, 2016, to ensure the Petition can be filed and published. If you do not wish to revise your petition, however, you may so notify me in writing, and the Board will make a final decision on your Petition, as is.

Please note the above comments are my observations only, and do not constitute legal advice to you regarding your Petition. I intend these observations merely as a preview of the advice I would provide my client, the Board, in the event you request that your Petition be addressed as is. If you have any questions about the procedure for seeking a waiver or variance from the Board, feel free to contact me. However, I am only able to provide you with information about Florida procedures, and will be unable to provide you with information specific to the relief you are seeking. If you need assistance or want representation regarding your petition, you may want to seek the advice of independent legal counsel. As counsel to the Board of Nursing Home Administrators, I am unable to provide you with legal advice because I do not represent you, nor am I aware of the full circumstances surrounding your Petition. Regards,

(See attached file: 120542 and 28104.pdf)

Lawrence D. Harris
Assistant Attorney General
Administrative Law Bureau
Office of the Attorney General
PL-01, The Capitol
Tallahassee, Florida 32399-1050
Office: (850) 414-3771
Fax: (850) 922-6425

Petition for waiver or variance 28-104.005

Extension to take Florida Stat Nursing Home Administrators examination

I am requesting a waiver to have an extension for the Florida State Administrator's exam. While I was planning to take and complete the examination, I was notified that my son would be returning to Afghanistan for a second tour of duty. He is in the Army and this is his second tour in 2 ½ years. While we are very proud and supportive of his decision to serve, we also live with the constant worry of what he will endure along with his fellow soldiers. During this time we had him home for a two week leave in which we as a family spent together. Additionally, my sister was involved in a car accident, while she is fine, she has endured tremendous emotional stress, again requiring my full attention. So under the circumstances, while able to study, I knew that my attention could not be completely devoted to the exam. I am in process of studying and applying the time required as needed. I am hoping you will allow the waiver.

Sincerely,

Aundrea Leonard

Contact information:

Aundrea Leonard

125 Treymore Court

Pennington, NJ 08534

215-285-7180 (Cell)

PA NHA#6758

Notice of Proposed Rule

DEPARTMENT OF HEALTH

Board of Nursing Home Administrators

RULE NOS.:RULE TITLES:

- 64B10-16.001 General Information
- 64B10-16.002 Preceptor
- 64B10-16.0021 Change of Status of Preceptor.
- 64B10-16.0025 Preceptor Training Seminar
- 64B10-16.003 Facility at Which Training Takes Place
- 64B10-16.005 Domains of Practice, Objectives, Reports
- 64B10-16.007 Out-of-State Administrator-In-Training Programs

PURPOSE AND EFFECT: The Board proposes the amendments to update and streamline the AIT Program.

SUMMARY: Update rules.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION: The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 468.1685(1), (2), (3), (4), 468.1695(2), (3), (4) FS

LAW IMPLEMENTED: 456.013, 468.1685(3), (4), 468.1695, (2), (3), (4), (5) FS

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Anthony Spivey, Executive Director, Board of Nursing Home Administrators, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257, (850)245-4393

THE FULL TEXT OF THE PROPOSED RULE IS:

64B10-16.001 General Information; Monitors.

(1) An Administrator-in-Training program is a supervised training program internship during which the Administrator-in-Training (AIT) works under the supervision of a Board approved Preceptor, ~~a licensed administrator meeting the qualifications in Rule 64B10-16.002, F.A.C.~~

(2) An applicant for the AIT program must meet those qualifications established by Section 468.1695, F.S. and Rule 64B10-11.002, F.A.C., at the time of application, including completion of an Application for Administrator-In-Training, form DH-MQA-NHA003 (Revised 10/2013), hereby adopted and incorporated by reference, and pay the application fee specified in Rule 64B10-12.013, F.A.C. The form can be obtained from the web at <http://floridasnursinghomeadmin.gov/resources/> http://www.doh.state.fl.us/mqa/nurshome/ap_instr.pdf or at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03687>. The applicant is required to indicate whether the applicant is applying for the ~~AIT 1000-hour program~~ or the AIT 2000-hour program as referenced in Rule 64B10-11.002, F.A.C.

~~(3) The Board must approve each facility at which the training will take place.~~

~~(3)(4)~~ AIT The training must be under the full-time supervision of the Preceptor. A Preceptor shall supervise only one AIT or intern at any given time; however, if the facility has a minimum of 120 beds and more than one an assistant administrator ~~duly~~ licensed under Chapter 468, Part II, F.S., the Preceptor may then supervise a maximum of two AITs or interns, or a combination thereof.

~~(4)(5)~~ The AIT shall serve his/her training in a normal work-week, containing a minimum of 30 hours and a maximum of 50 hours, with not less than six hours to be served daily between the hours of 7:00 a.m. and 10:00 p.m., except that ~~during the year~~ a minimum of 40 hours and a maximum of 80 ~~160~~ hours are to be served between 10:00 p.m. and 7:00 a.m.

~~(5)(6)~~ The AIT program shall begin on the first day of the month following Board ~~the approval of the Board~~.

~~(6)(7)~~ No change.

~~(7)(8)~~ No change.

~~(8)(9)~~ The Monitor shall for good cause ~~Board may~~ approve one a temporary discontinuance of the training for up to 1 year, but the AIT shall only retain credit for those quarters completed and for which reports have been submitted and approved by the Monitor. The Monitor may disapprove a request for temporary discontinuance if the Preceptor does not agree to the discontinuance.

~~(9)(10)~~ The Board will approve an interruption of an AIT program for the compulsory active duty service of the AIT in the armed forces of the United States. The AIT may resume his or her training at any time within one year of his discharge from active duty.

~~(10)(11)~~ Both the AIT and the Preceptor must report any discontinuance of training to the Board within 10 days. Failure to do so may subject the Preceptor to disciplinary action, and will result in the AIT losing credit for the current and previous quarter and a three (3) month suspension from further participation in the program.

~~(11)(12)~~ No change.

~~(12)(13)~~ One member of the Board shall function as a Monitor of each AIT program. More than one Board Member may function as a Monitor, but only one Monitor shall be assigned to each AIT ~~program~~. Each Board Member who functions as a Monitor shall be a licensed nursing home administrator. The Monitor shall evaluate the progress of the AIT in the AIT program in the following manner:

(a) The Monitor shall review the required ~~quarterly~~ reports, and other information required by Rule 64B10-16.005, F.A.C.;

(b) The Monitor shall determine whether the report and information submitted meet the requirements of Rule 64B10-16.005, F.A.C. for each reporting period ~~quarter~~;

(c) Should the Monitor determine the requirements of Rule 64B10-16.005, F.A.C., have not been met, the Monitor shall take one or more of the following actions:

1. No change.

2. Refuse to award the AIT credit toward the AIT program for hours completed within the reporting period ~~quarter~~;

3. Require the AIT and ~~P~~receptor to revise and resubmit the report;

4. Require the AIT and/or ~~P~~receptor to submit additional documentation demonstrating hours completed in each domain area for that reporting period ~~quarter~~; and/or

5. No change.

~~(d)~~ The Monitor shall maintain communication with the AIT and Preceptor, ~~and report to the Board on the progress of the AIT.~~

~~(e)~~ The Monitor shall notify the Board whether the AIT has satisfactorily completed the AIT program.

1. No change.

2. If the required reports or the AIT's progress in the program is inadequate, upon notification by the Monitor, ~~The Board shall require the AIT to do further work toward meeting objectives or attaining the core of knowledge, or to work with a different Preceptor, if reports and progress in the program are inadequate. The Board shall specify the additional time period granted to the AIT in which to satisfactorily complete the AIT program.~~

3. If the Monitor notifies the Board that the AIT has failed to satisfactorily complete the AIT program within the time frames established by subsection (13), the Board may either authorize an additional time period in which to satisfactorily complete the AIT program or may terminate the AIT program and refuse to certify the AIT for examination.

~~(13)~~ All AIT programs must be completed within fifteen ~~(15)~~ months of beginning, excepting periods of interruption and discontinuance authorized by subsections (7) - (9), or additional time authorized by the Board pursuant to subparagraph ~~(12)(e)2.~~

Rulemaking Authority 468.1685(1), 468.1695(2) FS. Law Implemented 456.013, 468.1695(2), (4) FS. History—New 9-24-81, Formerly 21Z-16.01, Amended 12-18-88, 1-22-90, 11-11-92, 12-18-88, 1-22-90, 11-11-92, Formerly 21Z-16.001, Amended 8-29-93, Formerly 61G12-16.001, Amended 6-2-96, Formerly 59T-16.001, Amended 10-12-97, 6-5-07, 11-9-08, 1-7-10, 2-11-14,

64B10-16.002 Preceptor.

~~(1) Each person desiring to be a Preceptor must submit a completed application. The Board will approve persons to act as preceptors in Administrator-in-Training (AIT) programs based on the information contained in the completed application form Preceptor Certification, DOH/NHA014 (Revised 01/2014), incorporated herein by reference, which and an oral review. The approval shall be effective indefinitely, so long as the preceptor maintains an active license to practice nursing home administration in this state, there is no disciplinary action taken against the licensee, and the licensee is in compliance with the requirement of subsection (4) below. Form DOH/NHA014 (Revised 01/2014) can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-04143> or the web at <http://floridasnursinghomeadmin.gov/resources/> <http://www.floridahealth.gov/licensing-and-regulation/nursing-home/index.html>.~~

~~(2) The Board will approve persons to act as Preceptors in Administrator-in-Training (AIT) programs based on the information contained in the completed application form and gained through an oral review. The Board Chair, or any other Board member designated by the Chair, shall conduct the oral review. Each person desiring to be a preceptor must submit a completed application with the appropriate fees as required by Rule 64B10-12.012, F.A.C. The applicant shall include the states and dates of issuance of all the applicant's professional licenses, including those as a nursing home administrator.~~

~~(3) Preceptor approval shall be effective indefinitely, so long as the Preceptor maintains an active license to practice nursing home administration in this state, there is no disciplinary action taken against the licensee, and the licensee is in compliance with the requirement of subsection (5) below.~~

~~(4)(3) Preceptor applicants Each person desiring to be a preceptor must have practiced as a be a practicing nursing home administrator in any jurisdiction for three of the last five years and must have had no disciplinary action taken against him or her during that time frame. The applicant shall list the states and dates of issuance of all the applicant's professional licenses, including those as a nursing home administrator.~~

~~(5)(4) Preceptor The applicants must have attended a six-hour preceptor training seminar approved by the Board as set forth in Rule 64B10-16.0025, F.A.C., within the three years immediately preceding the application and a two-hour refresher course as set forth in Rule 64B10-16.0025, F.A.C., every biennium thereafter. Both courses must be approved by the Board pursuant to Rule 64B10-16.0025, F.A.C. Failure to complete the refresher course shall result in the loss of preceptor certification.~~

~~(6)(5) A Preceptor must either be the administrator of record for the facility or facilities approved for training as specified in Rule 64B10-16.003, or be otherwise approved by the Board. In determining whether to approve as Preceptors licensed administrators who are not administrators of record at a training facility, the Board shall consider factors such as the applicant's degree of oversight over training facilities, the number of facilities overseen by the applicant, the number of licensed administrators in the facilities overseen, the distance between facilities, and any other factors which demonstrate the applicant will adequately supervise and train the AIT as required by these rules. Each application for approval of an Administrator-In-Training program shall include an application for approval of each nursing home facility at which the training will take place.~~

~~(7)(6) A preceptor shall not supervise the training of a member of his or her immediate family.~~

~~(7) A preceptor must be in direct management control of the facility or facilities at which the training is to take place.~~

~~(8) The Board shall disapprove a preceptor who has failed to remain in compliance with the requirements of this rule.~~

~~(9) A member of the Board may conduct the oral review and report to the Board.~~

Rulemaking Authority 456.013(1)(a), 468.1685(1), 468.1695(4) FS. Law Implemented 468.1695 FS. History—New 9-24-81, Formerly 21Z-16.02, Amended 12-18-88, 11-11-92, Formerly 21Z-16.002, Amended 2-28-94, Formerly 61G12-16.002, Amended 2-22-96, 9-4-96, 10-20-96, Formerly 59T-16.002, Amended 10-12-97, 6-5-07, 10-2-08, 3-25-09, 10-24-10, 5-29-14,

64B10-16.0021 Change of Status of Preceptor.

~~(1)~~ If a Preceptor's license becomes inactive or reverts to a delinquent status, prior to reinstatement as a Preceptor, the Preceptor must complete the six-hour preceptor training seminar set forth in Rule 64B10-16.0025, F.A.C.; and pay all fees required by Rule 64B10-12.012 prior to reinstatement as a preceptor.

~~(2)~~ The preceptor shall pay all fees required by Rule 64B10-12.012, F.A.C.
Rulemaking Specific Authority 468.1685(1), 468.1695(2), (3), (4) FS. Law Implemented 468.1695(2), (3), (4) FS. History—New 7-4-06, _____.

64B10-16.0025 Preceptor Training Seminar.

(1) No change.

(2) To receive continue Board approval, preceptor refresher courses shall consist of two (2) hours of training in the areas listed in subsection (1).

Rulemaking Authority 468.1685(1) FS. Law Implemented 468.1695(5) FS. History—New 11-21-95, Formerly 59T-16.0025, Amended 8-6-97, 10-24-10, _____.

64B10-16.003 Facility at Which Training Takes Place.

(1) The Board must approve each facility at which the training will take place.

~~(2)~~ ~~(1)~~ In order to approve facilities, tThe Administrator in Training must provide, at a minimum, the following application form will request general information about the nursing home facilities; facility which will include its addresses; the names, employment dates, work hours, and the license numbers of registered or licensed professionals which head the various departments;; and the bed capacities of each facility; in each classification under the terms of subsections 10D-29.032(15), (36) and (39), F.A.C. (as effective 7-24-81).

~~(2)~~ and The application must include a copy copies of the latest survey reports and any plans for correction. The survey report must show that each the facility is currently licensed by the Agency for Health Care Administration as a nursing home facility under the terms of Chapter 400, F.S., and has no serious operating deficiencies.

(3) Each The nursing home facility must have a capacity of at least 60 beds.

Rulemaking Specific Authority 468.1685(1), 468.1695(2) FS. Law Implemented 468.1695(2) FS. History—New 9-24-81, Formerly 21Z-16.03, 21Z-16.003, 61G12-16.003, 59T-16.003, Amended 5-15-00, 8-30-05, _____.

64B10-16.005 Domains of Practice, Objectives, Reports.

(1) A training plan for the Administrator-in-Training Program shall be prepared by the Preceptor and the AIT trainee, prior to the start of the program. This training plan shall include;

(a) A pre-training assessment of the AIT's trainee's background, in terms of educational level, pertinent experience, maturity, motivation and initiative. The pre-training assessment shall identify should underscore the AIT's particular trainee's strengths and weaknesses with regard to the specific domains of practice and skills necessary to serve as a licensed administrator in the areas to be covered in the program (e.g. a person with a degree in business administration will have strengths in the finance area; a person with a personnel or management background will have strengths in those areas, etc.).

(b) Based on the this assessment, the AIT trainee and Preceptor will jointly develop a detailed goal oriented training plan with adequate supporting documentation which relates educational objectives, subject areas of the internship, internship site(s), agencies involved, total hours for the internship, and a breakdown of the number of hours needed to master each area and its objectives.

~~(c)~~ ~~(d)~~ Supporting documentation for the training plan shall include, but is not limited to, qualifications of the preceptor, the director of nursing in the program site, and such descriptive documentation for the program site and its staff to determine its adequacy for the specific objectives and areas of the program.

~~(c)~~ ~~(d)~~ The Preceptor and AIT Administrator in Training must file regular reports with the Board every 90 days. For 1,000 hour programs, reports shall be filed bi-monthly; for 2,000 hour programs, reports shall be filed quarterly. The Rreports shall be made on the State of Florida AIT Domains of Practice Quarterly Checklist, Form DH-MQA 1209 (revised 07/10, hereby adopted and incorporated by reference) which can be obtained from the Board of Nursing Home Administrators' website at: <http://floridasnursinghomeadmin.gov/resources/> <http://www.doh.state.fl.us/mqa/nurshome/index.html> or at

00783. Each report shall be co-signed by the ~~P~~receptor and ~~AIT Administrator in Training~~ and shall be filed within two weeks after the completion of each reporting period of the program. Failure to file the report on the correct form or within the stated time period may result in non-acceptance of the report. The reports shall contain a synopsis of the areas covered in the program and a narrative describing relevant learning experiences. The reports shall show how the ~~AIT Administrator in Training~~ used the following methods to further his or her training:

1. through 7. No change.

(2) The ~~AIT Administrator in Training~~ Program shall cover the following domains of practice:

(a) PERSONNEL. Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, health and safety. Objectives of training are:

1. through 5. No change.

(b) through (d) No change.

(e) LAWS, REGULATORY CODES AND GOVERNING BOARDS. Topics in this area should include federal, state and local rules and regulations. Objectives of training are:

1. through 2. No change.

3. To become familiar with requirements of ~~M~~edicare and ~~M~~edicaid, and to learn to cope with their problems;

4. through 5. No change.

(f) RESIDENT CARE. Topics in this area should include nursing, food, social and recreational services, pharmacy, rehabilitation, physician services and medical records. Objectives of training are:

1. No change.

2. To ~~enable the trainee to~~ develop an ability to understand the various components of personal, social, therapeutic and supportive care programs and their application in the total care program of the resident;

3. through 7. No change.

8. To understand the concepts of benchmarking ~~benchmaking~~;

9. No change.

(3) In order to afford flexibility, and to account for a particular ~~AIT's trainee's~~ strengths or weaknesses in any particular area, the following minimum percentages in ~~each~~ every area are established:-

(a) through (f) No change.

(g) The remaining 25% of the program may be in any domain of practice, but shall be designed to provide additional training in those areas of weakness identified by the pretraining assessment and the AIT's detailed training plan.

(4) Nothing in this rule is intended to preclude any ~~P~~receptor from requiring the AIT complete any additional training as necessary to ensure the AIT is prepared to practice as a licensed nursing home administrator areas in the program, objectives, or reports.

Rulemaking Authority 468.1685(1), (3), (4) FS. Law Implemented 468.1685(3), (4) FS. History--New 12-18-88, Formerly 21Z-16.005, 61G12-16.005, 59T-16.005, Amended 1-8-06, 1-9-12, _____.

64B10-16.007 Out-of-State Administrator-In-Training Programs.

(1) If an applicant has completed an AIT program outside of Florida, the Board will review the AIT program and determine whether the program substantially fulfills the requirements of a Florida AIT program. It is the responsibility of tThe applicant is required to provide all documentation necessary for to the Board to make this determination concerning the out-of-state AIT program, the facility where the program was completed and the qualifications and training of the preceptor.

(2) If, after review, the Board determines the out of state program fails to fulfill one or more requirements of the Florida program, the Board shall allow an AIT who meets the requirements of Rule 64B10-16.001(2), F.A.C. to participate in a Florida AIT program to remedy any deficiencies. The Board may, upon request by the Applicant, modify or limit the program to satisfaction of deficiencies.

RulemakingSpeeific Authority 468.1685(1), (2), 468.1695(2) FS. Law Implemented 468.1695(2) FS. History--New 7-21-97, Formerly 59T-16.007, Amended 9-4-06, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Nursing Home Administrators

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Nursing Home Administrators

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 20, 2015

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: March 10, 2016

Notice of Change/Withdrawal

DEPARTMENT OF HEALTH

Board of Nursing Home Administrators

RULE NOS.: RULE TITLES:

64B10-16.001 General Information
64B10-16.002 Preceptor
64B10-16.0021 Change of Status of Preceptor.
64B10-16.0025 Preceptor Training Seminar
64B10-16.003 Facility at Which Training Takes Place
64B10-16.005 Domains of Practice, Objectives, Reports
64B10-16.007 Out-of-State Administrator-In-Training Programs

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 42 No. 60, March 28, 2016 issue of the Florida Administrative Register.

THE TEXT OF THE PROPOSED RULE WILL NOW READ:

64B10-16.001 General Information; Monitors.

(1) No change.

(2) An applicant for the AIT program must meet those qualifications established by Section 468.1695, F.S. and Rule 64B10-11.002, F.A.C., at the time of application, including completion of an ~~Application for~~ Administrator-In-Training Application, form DH-MQA-NHA003, (~~Revised 07/16 10/2013~~), hereby adopted and incorporated by reference, and pay the application fee specified in Rule 64B10-12.013, F.A.C. The form can be obtained from the web at <http://floridasnursinghomeadmin.gov/applications/application-admin-in-training.pdf> ~~http://floridasnursinghomeadmin.gov/resources/~~ or at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03687>. The applicant is required to indicate whether the applicant is applying for the 1000-hour or the 2000-hour program as referenced in Rule 64B10-11.002, F.A.C.

(3) AIT training must be under the full-time supervision of the Preceptor. A Preceptor shall supervise no more than two (2) only one AITs or interns at any given time; ~~however, if the facility has a minimum of 120 beds and more than one administrator licensed under Chapter 468, Part II, F.S., the Preceptor may then supervise a maximum of two AITs or interns, or a combination thereof.~~

(4) through (9) No change.

(10) Both the AIT and the Preceptor must report any discontinuance of training to the Board. AITs must report discontinuance within 10 business days; Preceptors must report discontinuances no later than the next reporting date. ~~Failure of the AIT to report discontinuance of training to do so may subject the Preceptor to disciplinary action, and will result in the AIT losing losing credit for the current reporting period and previous quarter and a three (3) month suspension from further participation in the program.~~

(11) through (13) No change.

Rulemaking Authority 468.1685(1), 468.1695(2) FS. Law Implemented 456.013, 468.1695(2), (4) FS. History—New 9-24-81, Formerly 21Z-16.01, Amended 12-18-88, 1-22-90, 11-11-92, 12-18-88, 1-22-90, 11-11-92, Formerly 21Z-16.001, Amended 8-29-93, Formerly 61G12-16.001, Amended 6-2-96, Formerly 59T-16.001, Amended 10-12-97, 6-5-07, 11-9-08, 1-7-10, 2-11-14,_____.

64B10-16.002 Preceptor.

(1) Each person desiring to be a Preceptor must submit a completed application form Preceptor Certification, DOH/NHA014, 07/16 (~~Revised 06/2016~~), incorporated herein by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-04143> or <http://floridasnursinghomeadmin.gov/applications/application-preceptor.pdf> ~~http://floridasnursinghomeadmin.gov/resources/~~.

(2) through (4) No change.

(5) Preceptor applicants must attend a six-hour preceptor training seminar within the three years immediately preceding the application and a two-hour refresher course every biennium thereafter. Both courses must be approved by the Board pursuant to Rule 64B10-16.0025, F.A.C. Failure to complete the refresher course shall result in the loss of preceptor certification but does not affect licensure renewal.

(6) A Preceptor must ~~either be the administrator of record for the facility or facilities at which the training is to take place, approved for training as specified in Rule 64B10-16.003, or be otherwise approved by the Board. In determining whether to approve as Preceptors licensed administrators who are not administrators of record at a training facility, the Board shall consider factors such as the applicant's degree of oversight over training facilities, the number of facilities overseen by the applicant, the number of licensed administrators in the facilities overseen, the distance between facilities, and any other factors which demonstrate the applicant will adequately supervise and train the AIT as required by these rules.~~

(7) No change.

Rulemaking Authority 456.013(1)(a), 468.1685(1), 468.1695(4) FS. Law Implemented 468.1695 FS. History--New 9-24-81, Formerly 21Z-16.02, Amended 12-18-88, 11-11-92, Formerly 21Z-16.002, Amended 2-28-94, Formerly 61G12-16.002, Amended 2-22-96, 9-4-96, 10-20-96, Formerly 59T-16.002, Amended 10-12-97, 6-5-07, 10-2-08, 3-25-09, 10-24-10, 5-29-14,

64B10-16.005 Domains of Practice, Objectives, Reports.

(1) A training plan for the Administrator-in-Training Program shall be prepared by the Preceptor and the AIT, prior to the start of the program. This training plan shall include:

(a) ~~a~~ A pre-training assessment of the AIT's background, educational level, pertinent experience, maturity, motivation and initiative. The pre-training assessment shall identify the AIT's strengths and weaknesses with regard to the specific domains of practice and skills necessary to serve as a licensed administrator.

(b) Based on the assessment, the AIT and Preceptor will jointly develop a detailed goal oriented training plan with adequate supporting documentation which relates educational objectives, Domains of Practice, ~~subject areas of the internship~~, internship site(s), agencies involved, total hours for the internship, and a breakdown of the number of hours needed to master each Domain of Practice area and its objectives.

(2)~~(e)~~ The preceptor and AIT must file regular reports with the Board. For 1,000 hour programs, reports shall be filed bi-monthly; for 2,000 hour programs, reports shall be filed quarterly. Reports for 1,000 hour programs shall be made on the State of Florida Administrator in Training Domains of Practice Quarterly Checklist for 1,000 Hour Programs, Form DH 5021-DH, 07/16, which is hereby incorporated by reference and which can be obtained from the Board of Nursing Home Administrators website at <http://floridasnursinghomeadmin.gov/applications/chklist-1k-nha.pdf> <http://floridasnursinghomeadmin.gov/resources> or at <http://www.flrules.org/Gateway/reference.asp?No=Ref-00783>. ~~Reports for 2,000 hour programs shall be made on the State of Florida AIT Domains of Practice Quarterly Checklist For 2,000 Hour Programs, Form DH-MQA 1209, 07/16, (Rev 06/16) hereby adopted and incorporated by reference and which can be obtained from the Board of Nursing Home Administrators' website at: <http://floridasnursinghomeadmin.gov/applications/chklist-2k-nha.pdf> <http://floridasnursinghomeadmin.gov/resources> or at <http://www.flrules.org/Gateway/reference.asp?No=Ref-00783>.~~ Each report shall be co-signed by the Preceptor and AIT and shall be filed within two weeks after the completion of each reporting period of the program. Failure to file the report on the correct form or within the stated time period may result in non-acceptance of the report. The reports shall contain a synopsis of the areas covered in the program and a narrative describing relevant learning experiences. The reports shall show how the AIT used the following methods to further his or her training:

1. through 7. No change.

(3)~~(2)~~ through (5)~~(4)~~ No change.

Rulemaking Authority 468.1685(1), (3), (4) FS. Law Implemented 468.1685(3), (4) FS. History--New 12-18-88, Formerly 21Z-16.005, 61G12-16.005, 59T-16.005, Amended 1-8-06, 1-9-12, _____.

All other portions of the Notice of Proposed Rule remain unchanged.



PAM BONDI
ATTORNEY GENERAL
STATE OF FLORIDA

OFFICE OF THE ATTORNEY GENERAL
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August 15, 2016.

Ms. Marjorie C. Holladay
Chief Attorney
Joint Administrative Procedures Committee
Room 680, Pepper Building
111 W. Madison Street
Tallahassee, Florida 32399-1400

Re: Department of Health, Board of Nursing Home Administrators
Rules 64B10-16.001 – .007, F.A.C.

Dear Ms. Holladay:

I am writing in response to your August 11, 2016, correspondence regarding the above referenced rules. Upon review, it appears that resolution of several of your comments will require decisions from the Board. Accordingly, a Public Hearing on the rules will be held at the Board's September 16, 2016, meeting. A Notice of Hearing will be published in an upcoming edition of the FAR, and I will update you on any changes the Board determines to make following the hearing.

Thank you for your comments and assistance regarding the Board's proposed rule amendments. Please let me know if you have any questions or further concerns.

Sincerely,

Lawrence D. Harris
Assistant Attorney General
Counsel to the Florida Board of Nursing Home Administrators

cc: Anthony Spivey, Executive Director
Donna Oxford, Paralegal Specialist

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THE FLORIDA LEGISLATURE
**JOINT ADMINISTRATIVE
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August 11, 2016

Mr. Lawrence Harris
Assistant Attorney General
Department of Legal Affairs
PL-01, The Capitol
Tallahassee, Florida 32399-1050

**Re: Department of Health: Board of Nursing Home Administrators
Rules 64B10-16.001, .002, .0021, .0025, .003, .005, and .007, F.A.C.**

Dear Mr. Harris:

I have reviewed the notice of change that was published for the above-referenced proposed rules on August 5, 2016. I have the following comments.

64B10-16.001(2): This subsection incorporates by reference the Administrator-In-Training Application, form DH-MQA-NHA003, dated 7/16. The title of form DH-MQA-NHA003 does not appear until page 4 of the form. It appears that the first page of the form should display and identify the form's title.

DH-MQA-NHA003:

Page 4, Profile Data, number 7: Please explain which statute cited as a law implemented authorizes the board to require the administrator-in-training applicant to provide his or her date of birth.

64B10-16.002(1): This subsection incorporates by reference the Preceptor Certification, form DOH-MQA-NHA014, dated 7/16. The title of form DOH-MQA-NHA014 does not appear until page 2 of the form. It appears that the first page of the form should display and identify the form's title.

DOH-MQA-NHA014:

Please explain why this certification form does not include the questions required by section 456.0635(2).

64B10-16.005(2):

This subsection incorporates by reference the State of Florida Administrator in Training Domains of Practice Quarterly Checklist for 1,000 Hour Programs, Form DH 5021-DH, dated 7/16. The form provided for review is entitled “State of Florida Administrator-in-Training AIT Domains of Practice Quarterly Checklist 1,000 Hour Program.” The title of the form should be consistent in the rule text and on the form. Also, the form provided for review is DH 5021-MQA. Please correct the form number in the rule text.

DH 5021-MQA:

Page 7: It appears that the several references to rule 64B10-16.005(2)(d) on this page should be to rule 64B10-15.005(3)(d).

Pages 8 and 9: It appears that the several references to rule 64B10-16.005(2)(e) on these pages should be to rule 64B10-15.005(3)(e).

Pages 10 and 11: It appears that the several references to rule 64B10-16.005(2)(f) on these pages should be to rule 64B10-15.005(3)(f).

The rule text also incorporates by reference the State of Florida AIT Domains of Practice Quarterly Checklist for 2,000 Hour Programs, DH-MQA 1209, dated 7/16. The form provided for review is entitled “State of Florida Administrator-in-Training AIT Domains of Practice Quarterly Checklist 2,000 Hour Program.” The title of the form should be consistent in the rule text and on the form.

DH-MQA 1209:

Page 7: It appears that the several references to rule 64B10-16.005(2)(d) on this page should be to rule 64B10-15.005(3)(d).

Pages 8 and 9: It appears that the several references to rule 64B10-16.005(2)(e) on these pages should be to rule 64B10-15.005(3)(e).

Pages 10 and 11: It appears that the several references to rule 64B10-16.005(2)(f) on these pages should be to rule 64B10-15.005(3)(f).

64B10-16.005(2)1.-7. [sic]:

It appears that these rule subunits should be renumbered as paragraphs (2)(a) through (g). *See* Fla. Admin. Code R. 1-1.008(3).

Mr. Lawrence Harris
August 11, 2016
Page 3

Please let me know if you have any questions. Otherwise, I look forward to your response.

Sincerely,

A handwritten signature in blue ink that reads "Marjorie C. Holladay". The signature is written in a cursive style with a large initial 'M' and a long, sweeping tail on the 'y'.

Marjorie C. Holladay
Chief Attorney

cc: Mr. Edward Tellechea, Bureau Chief

MCH:SA WORD/MARJORIE/64B10_16.001LS081116_160763_160769

EDITS TO RULE TO RESOLVE JAPC CONCERNS – AUGUST 11 CORRESPONDENCE
SEPTEMBER 1, 2016

64B10-16.001 General Information; Monitors.

(1) No change.

(2) An applicant for the AIT program must meet those qualifications established by Section 468.1695, F.S. and Rule 64B10-11.002, F.A.C., at the time of application, including completion of an Administrator-In-Training Application, form DH-MQA-NHA003, 09/1607/16, hereby adopted and incorporated by reference, and pay the application fee specified in Rule ~~64B10-12.0001~~64B10-12.013, F.A.C. The form can be obtained from the web at <http://floridasnursinghomeadmin.gov/applications/application-admin-in-training.pdf> or at http://www.flrules.org/Gateway/reference.asp?No=Ref-_____. The applicant is required to indicate whether the applicant is applying for the 1000-hour or the 2000-hour program as referenced in Rule 64B10-11.002, F.A.C.

(3) through (13) No change.

64B10-16.002 Preceptor.

(1) Each person desiring to be a Preceptor must submit a completed application form Preceptor Certification, DOH/NHA014, 09/1607/16, incorporated herein by reference, which can be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-_____ or <http://floridasnursinghomeadmin.gov/applications/application-preceptor.pdf>.

(2) through (7) No change.

64B10-16.005 Domains of Practice, Objectives, Reports.

(1) A training plan for the Administrator-in-Training Program shall be prepared by the Preceptor and the AIT, prior to the start of the program. This training plan shall include a pre-training assessment of the AIT's background, educational level, pertinent experience, maturity, motivation and initiative. The pre-training assessment shall identify the AIT's strengths and weaknesses with regard to the specific domains of practice and skills necessary to serve as a licensed administrator. Based on the assessment, the AIT and Preceptor will jointly develop a detailed goal oriented training plan with adequate supporting documentation which relates educational objectives, Domains of Practice, internship site(s), agencies involved, total hours for the internship, and a breakdown of the number of hours needed to master each Domain of Practice and its objectives.

(2) The preceptor and AIT must file regular reports with the Board. For 1,000 hour programs, reports shall be filed bi-monthly; for 2,000 hour programs, reports shall be filed quarterly. Reports for 1,000 hour programs shall be made on the State of Florida Administrator in Training Domains of Practice Quarterly Checklist ~~E~~for 1,000 Hour Programs, Form DH 5021-~~MQADH~~, 09/1607/16, which is hereby incorporated by reference and which can be obtained from the Board of Nursing Home Administrators website at <http://floridasnursinghomeadmin.gov/applications/chkfst-1k-nha.pdf> or at http://www.flrules.org/Gateway/reference.asp?No=Ref-_____. Reports for 2,000 hour programs shall be made on the State of Florida ~~Administrator in Training~~AIT Domains of Practice Quarterly Checklist For 2,000 Hour Programs, Form DH-MQA 1209, 09/1607/16, hereby adopted and incorporated by reference and which can be obtained from the Board of Nursing Home Administrators' website at: <http://floridasnursinghomeadmin.gov/applications/chkfst-2k-nha.pdf> or at <http://www.flrules.org/Gateway/reference.asp?No=Ref-00783>. Each report shall be co-signed by the Preceptor and AIT and shall be filed within two weeks after the completion of each reporting period of the program. Failure to file the report on the correct form or within the stated time period may result in non-acceptance of the report. The reports shall contain a synopsis of the areas covered in the program and a narrative describing relevant learning experiences. The reports shall show how the AIT used the following methods to further his or her training:

1. through 7. RENUMBERED (a) – (g); no substantive change to content.

(3) through (5) No change.

Rulemaking Authority 468.1685(1), (3), (4) FS. Law Implemented 468.1685(3), (4) FS. History—New 12-18-88, Formerly 21Z-16.005, 61G12-16.005, 59T-16.005, Amended 1-8-06, 1-9-12,_____.

All other portions of the Notice of Proposed Rule and Notice of Change remain unchanged.

**DIVISION OF MEDICAL QUALITY ASSURANCE
BOARD OF NURSING HOME ADMINISTRATORS
4052 BALD CYPRESS WAY, BIN #C-07
TALLAHASSEE, FLORIDA 32399-3257
(850) 245-4355**



ADMINISTRATOR-IN-TRAINING APPLICATION

September 2016

DEPARTMENT OF HEALTH
BOARD OF NURSING HOME ADMINISTRATORS
4052 Bald Cypress Way, Bin # C07
Tallahassee, Florida 32399-3257
850/245-4355

**APPLICATION INSTRUCTIONS
FOR ADMINISTRATOR-IN-TRAINING**

*** PLEASE TYPE OR PRINT IN BLACK INK ***
PLEASE READ CAREFULLY

(Section 468.1695(2) and (4), Florida Statutes and Chapter 64B10-16, Florida Administrative Code)

THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR APPLICATION:

You must COMPLETE your AIT program and have your last report approved BEFORE you submit your application for the exam.

APPLICANT'S QUESTIONS REGARDING APPLICATION STATUS: Within thirty (30) days after the board office receives your application and fee, we will send an acknowledgment letter informing you of any deficiencies and the specific items required to complete your application. If you do not receive notice that we have received your application within forty-five (45) days of the date mailed, please contact this office. As a reminder to all applicants, Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

Florida Laws and Rules: A copy of Section 468, Part II, Florida Statutes and Rule Chapter 64B10, Florida Administrative Code are enclosed or you may download them at <http://floridasnursinghomeadmin.gov/resources/>. This information is also available over the internet via our web site. It is important to read this in order to determine your eligibility prior to applying, and to familiarize yourself with the statutes and board rules regarding your application for licensure as a nursing home administrator within the State of Florida.

Fee Schedule: A certified check or money order in the appropriate amount, made payable to the Department of Health, must be attached to your application. Please staple the certified check or money order to page 1 of the application on the upper left part of the form. Your application will not be processed without these fees. These fees are required by law and include the following:

1,000 Hour AIT Program:

Application Fee	\$ 250.00
Unlicensed Activity Fee	\$ 5.00
Total Fee	\$ 255.00

2,000 Hour AIT Program:

Application Fee	\$ 350.00
Unlicensed Activity Fee	\$ 5.00
Total Fee	\$ 355.00

Final Official Undergraduate Transcript: A final official transcript must be sent directly from the educational institution/college to this office. Transcripts submitted by the applicant or indicating "issued to student" are not acceptable; a copy of your diploma will not be accepted in lieu of an official transcript. Please note that it is your responsibility to follow-up with your educational institutions to ensure that they have received and complied with your requests. The board office will notify you as items are received.

AIT REVIEW AND STUDY TRAINING MANUALS: Please be advised the Board of Nursing Home Administrators is not requiring these manuals, but simply suggesting them for your use. To receive additional information on these manuals, go to the board's web site at <http://floridasnursinghomeadmin.gov/forms/nha-cib.pdf>

NURSING HOME ADMINISTRATORS

--- ADMINISTRATOR-IN-TRAINING (AIT) ---

APPLICATION CHECKLIST

- _____ 1. Application:
All questions answered on all pages and if question not applicable, mark with N/A.
All "Yes" answers must be accompanied by an explanation or documentation, as instructed. Public Records Disclosure regarding SSN
- _____ 2. Fees:
Please make certified check or money order payable to **DOH-Board of Nursing Home Administrators.**
- _____ 3. Qualified Preceptor Agreement
- _____ 4. Training:
_____ a. AIT 1,000 hours To qualify for a 1,000-hour Program, you must have

() Degree in Health Care Administration or
() Degree in Health Services Administration or
() Equivalent Degree (must have at least 60 semester hours in required courses, complete the course worksheet to determine if you qualify. Attach course description from school catalog if unsure.)

_____ b. AIT 2,000 hours A bachelor's degree in any field
- _____ 5. Official College Transcript
- _____ 6. AHCA Licensure and Life safety survey
- _____ 7. Facility Organizational Chart or complete form in application packet (Submit with application)

RETURN APPLICATION, FEES, AND SUPPORTING DOCUMENTS TO:

Florida Department of Health
Board of Nursing Home Administrators
Post Office Box 6330
Tallahassee, Florida 32314-6330

ADDITIONAL DOCUMENTATION, NOT ACCOMPANIED BY A FEE, SHOULD BE SENT TO:

Florida Department of Health
Board of Nursing Home Administrators
4052 Bald Cypress Way, BIN # C07
Tallahassee, Florida 32399-3257



CONFIDENTIAL AND EXEMPT FROM PUBLIC
RECORDS DISCLOSURE

Florida Department of Health
Board of Nursing Home Administrators

Name:

Last **First** **Middle**

Social Security Number:

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

4052 Bald Cypress Way, Bin # C07
Tallahassee, Florida 32399-3257



ADMINISTRATOR-IN-TRAINING APPLICATION
(Client 801)

Mail To: Board of Nursing Home Administrators
Post Office Box 6330
Tallahassee, FL 32314-6330
<http://floridasnursinghomeadmin.gov/resources/>
(850) 245-4355

APPLICATION CATEGORY: (Must select one category – ONLY)

1,000 Hour AIT Program - \$255.00 (1009) 2,000 Hour AIT Program - \$355.00 (1009)

PROFILE DATA (Please print or type or application will be returned):

1. NAME: _____
(Last) (First) (Middle)

2. MAILING ADDRESS: _____
(Street and Number) (Apt. #) (City) (State) (Zip)

PRIMARY LOCATION: _____
(Street and Number) (Apt. #) (City) (State) (Zip)

3. TELEPHONE: () _____ () _____
Home: Area Code/Phone Number Work: Area Code/Phone Number

4. LICENSE NUMBER (If licensed another state): _____

5. E-MAIL ADDRESS: _____
(Email Notification: If you want to notified of the status of your application by email please check the “YES” box and write your email address on the line provided above. If you choose this form of notification you will receive information regarding your application file through email. You will be responsible for checking your email regularly and updating your email address with the board office MQA.NursingHomeAdmin@flhealth.gov. Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.)

YES NO

6. US Citizen: Yes No

7. Date of Birth: _____

8. PERSONAL DATA - We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

RACE: Caucasian African-American/Black Hispanic Asian Native American Other

SEX: Male Female

9. EDUCATIONAL DATA:

Degree Title: _____

4 Year _____ Master _____ Doctorate _____

Name of College or University: _____

Address: _____
(Street and Number) (City) (State) (Zip)

Date of Graduation: _____ Accredited by: _____

10. NURSING HOME AT WHICH A.I.T. PROGRAM WILL BE PROVIDED:

Name of Nursing Home: _____

Address: _____
(Street and Number) (City) (State) (Zip)

11. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If no, do not answer 11 a-d.)

Yes _____ No _____

11a. If "yes" to 11, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?

Yes _____ No _____

11b. If "yes" to 11, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6) (a), Florida Statutes).

Yes _____ No _____

11c. If "yes" to 11, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?

Yes _____ No _____

11d. If "yes" to 11, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).

Yes _____ No _____

12. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? (If no, do not answer 12a.)

Yes _____ No _____

12a. If "yes" to 12, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?

Yes _____ No _____

13. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 13a.)

Yes _____ No _____

13a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

Yes _____ No _____

- 14. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If no, do not answer 14a and 14b.)**
 Yes _____ No _____
- 14a. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?**
 Yes _____ No _____
- 14b. Did the termination occur at least 20 years prior to the date of this application?**
 Yes _____ No _____

15. APPLICANT SIGNATURE:

I state that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 456.072, 468.1745, and 468.1755, Florida Statutes. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instruments (local, state, federal or foreign) to release to the Department of Health, any information, files and/or records requested by the Department in connection with the processing of this application. I further authorize the Department to release to the organization, individuals, and groups listed above, any information which is material to my application.

I understand that Florida law requires me, as an applicant for licensure, to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board of Nursing Home Administrators decision concerning my eligibility for licensure. (Section 456.013, Florida Statutes) Failure to do so may result in action by the Board including denial of licensure.

I further state that I have carefully read the questions in the foregoing application and have answered them completely without reservations of any kind and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I understand that such action shall constitute cause for denial, suspension, or revocation of any license to practice in the State of Florida in the profession for which I am applying.

I also state that I will comply with all requirements for licensure renewal in effect at the time of license renewal, including submission of appropriate renewal fees and completion of required continuing education credits.

As a reminder to all applicants, please understand that Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the Department.

 (Signature of Applicant)

 (Date)

Completed by Preceptor:

Name of Preceptor: _____

Mailing Address: _____
(Street and Number) (City) (State) (Zip)

E-mail Address: _____

Telephone Number: _____

License #: _____

AHCA Licensure Status Standard or Conditional:
(Attached a copy of the latest AHCA licensure and life safety Survey Report)

Number of Beds: _____ SNF: _____ ICF: _____

Administrator-in-Training Agreement:

This agreement entered into by the Administrator-Preceptor, _____,
the Administrator-in-Training, _____ and agree to the following conditions:

The Administrator-Preceptor shall provide supervision and guidance as designated for a
_____ period of time commencing on _____ as set out in
the guidelines of the Administrator-in-Training Program as provided in the Administrator-
Preceptor’s Training Course.

The Administrator-in-Training shall perform under the supervision of a duly qualified
Administrator-Preceptor and fulfill all terms and conditions required.

(Signature of Administrator-Preceptor)

(Date)

(Signature of Administrator-in-Training)

(Date)

FACILITY ORGANIZATIONAL CHART
(Preceptor Should Complete)

Name of Employee	Reports To
Activity Coordinator	
Assistant Administrator	
Business/Finance Director	
Director of Nursing	
Food Services Supervisor	
Housekeeping Supervisor	
Maintenance Supervisor	
Medical Director	

FACILITY ORGANIZATIONAL CHART
(Preceptor Should Complete)

Name of Employee	Reports To
Nursing Home Administrator	
Pharmacy Consultant	
Rehab Director	
Risk Manager	
Social Service Director	
Volunteer Coordinator	

Statement of Administrator-in-Training/Preceptor:

We hereby declare that to the best of our knowledge and belief, there are no misrepresentations or falsifications in the statements and answers we have given in this application or in any other documents or papers appended hereto.

(Signature of Administrator)

(Date)

(Signature of Administrator-in-Training)

(Date)

**DIVISION OF MEDICAL QUALITY ASSURANCE
BOARD OF NURSING HOME ADMINISTRATORS
4052 BALD CYPRESS WAY, BIN #C-07
TALLAHASSEE, FLORIDA 32399-3257
(850) 245-4355**



**PRECEPTOR CERTIFICATION
SEPTEMBER 2016**

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS
DISCLOSURE

Florida Department of Health
Board of Nursing Home Administrators

Name: _____
 Last First Middle

Social Security Number: _____

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

4052 Bald Cypress Way, Bin # C07
Tallahassee, Florida 32399-3257



PRECEPTOR CERTIFICATION

(Client 801)

PLEASE PRINT OR TYPE IN BLACK INK OR APPLICATION WILL BE RETURNED

Mail To: Board of Nursing Home Administrators
Post Office Box 6330
Tallahassee, FL 32314-6330
<http://floridasnursinghomeadmin.gov/resources/>
(850) 245-4355

REQUIRED FEES: (Certified Check or Money Order)

Initial Certification Fee: (3010) \$100.00
Total: \$100.00

PROFILE DATA (Please print or type or the application will be returned):

1. NAME: _____
(Last) (First) (Middle)

2. MAILING ADDRESS: _____
(Street and Number) (Apt. #) (City) (State) (Zip)

PRIMARY LOCATION: _____
(Street and Number) (Apt. #) (City) (State) (Zip)

3. TELEPHONE: (____) _____ (____) _____
Home: Area Code/Phone Number Work: Area Code/Phone Number

4. LICENSE NUMBER: _____

5. E-MAIL ADDRESS: _____

(Email Notification: If you want to notified of the status of your application by email please check the "YES" box and write your email address on the line provided above. If you choose this form of notification you will receive information regarding your application file through email. You will be responsible for checking your email regularly and updating your email address with the board office MQA.NursingHomeAdmin@flhealth.gov. Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing. [] YES [] NO

6. SKILLED NURSING FACILITIES IN WHICH YOU HAVE WORKED FOR THE LAST FIVE (5) YEARS:

Beginning/Ending Dates	Facility Name, Address, County	Facility Rating

7. **Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If no, do not answer 7 a-d.)**
 Yes _____ No _____
- 7a. **If “yes” to 7, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?**
 Yes _____ No _____
- 7b. **If “yes” to 7, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6) (a), Florida Statutes).**
 Yes _____ No _____
- 7c. **If “yes” to 7, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?**
 Yes _____ No _____
- 7d. **If “yes” to 7, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If “yes”, please provide supporting documentation).**
 Yes _____ No _____
8. **Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? (If no, do not answer 8a.)**
 Yes _____ No _____
- 8a. **If “yes” to 8, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?**
 Yes _____ No _____
9. **Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 9a.)**
 Yes _____ No _____
- 9a. **If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?**
 Yes _____ No _____
10. **Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If no, do not answer 10a and 10b.)**
 Yes _____ No _____
- 10a. **Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?**
 Yes _____ No _____
- 10b. **Did the termination occur at least 20 years prior to the date of this application?**
 Yes _____ No _____

11. APPLICANT SIGNATURE:

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I state that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 456.072, 468.1745, 468.1755, Florida Statutes.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instruments (local, state, federal or foreign) to release to the Department of Health, any information, files and/or records requested by the Department in connection with the processing of this application. I further authorize the Department to release to the organization, individuals, and groups listed above, any information which is material to my application.

I understand that Florida law requires me, as an applicant for licensure, to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board of Nursing Home Administrators decision concerning my eligibility for licensure. (Section 456.013, Florida Statutes) Failure to do so may result in action by the Board including denial of licensure.

I further state that I have carefully read the questions in the foregoing application and have answered them completely without reservations of any kind and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I understand that such action shall constitute cause for denial, suspension, or revocation of any license to practice in the State of Florida in the profession for which I am applying.

I also state that I will comply with all requirements for licensure renewal in effect at the time of license renewal, including submission of appropriate renewal fees and completion of required continuing education credits.

As a reminder to all applicants, please understand that Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the Department.

(Signature of Applicant)

(Date)



PRECEPTOR TRAINING COURSE

TO: Florida Board of Nursing Home Administrators
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257

FROM: _____
(Please type or print)

I have completed the six (6) hour preceptor training course in compliance with Rule 64B10-16.0025, Florida Administrative Code. **Attached is a copy of the certificate of completion.**

Course Completion Date: _____

Instructor: _____

Sponsored by: _____

Have you previously been approved as a Florida preceptor? ____No ____Yes

I declare that these statements are true and correct and recognize that providing false information may result in a fine, suspension or revocation of my license as provided in Florida Statutes 456.067, 456.072, 468.1745, 468.1755.

Signature (Required)

Date (of signature)

State of Florida
Administrator In Training
Domains of Practice Quarterly Checklist for
1,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name: _____

64B10-16.001(4), F.A.C. The AIT shall serve his/her training in a normal work-week, containing a minimum of 30 hours and a maximum of 50 hours, with not less than six hours to be served daily between the hours of 7:00 a.m. and 10:00 p.m., except that during the year a minimum of 40 hours and a maximum of 80 hours are to be served between 10:00 p.m. and 7:00 a.m.

Please complete each section as it reflects the work of the AIT. Reports must be submitted bi-monthly, for a total of three (3) reports (*see s. 468.1695(2)(b) F.S.*) with the totals columns completed in the third and final report. The checklist contains sub functions which summarize the overall domains and serve as a synopsis of work completed. Please use the same checklist for each reporting period. Copies with original signatures are acceptable.

NOTE: In addition to submitting this checklist as part of periodic reporting, the AIT shall also submit a narrative describing relevant learning experiences. This narrative should show how the trainee may have used the following methods to further his/her training: on-the-job experience, meetings attended, surveys completed, written reports, texts or periodicals, visits to other facilities, academic programs, college, or continuing education seminars. (*see Rule 64B10-16.005(2)(d) F.A.C.*)

State of Florida
 Administrator In Training
 Domains of Practice Quarterly Checklist for
 1,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name: _____

PERSONNEL

Domain/Subfunctions	P 1	P 2	P 3	TOTAL
PERSONNEL 64B10-16.005(3)(a), F.A.C. [15%]				
Demonstrates an understanding of job descriptions and job-specific competencies.				
Possesses the ability to plan and develop basic staff development procedures.				
Possesses the ability to use audit procedures to evaluate effectiveness of training.				
Demonstrates the ability to plan, implement, and evaluate associate health and safety programs.				
Understands the importance of and proper process for exit interviewing.				
64B10-16.005(3)(a)1				
Understands proper interviewing techniques.				
Demonstrates an understanding of how to effectively train individuals to perform their duties.				
Demonstrates an understanding of effective recruiting procedures.				
Possess knowledge of workplace culture as it relates to the prevention of workplace violence, harassment, & hostility.				
64B10-16.005(3)(a)2				
Demonstrates the ability to implement effective human resource management in a facility.				
Demonstrates a working knowledge of staff professional development.				
Demonstrates knowledge of performance based evaluation procedures.				
Possesses the ability to plan, implement, and evaluate personnel policies.				
Able to apply proper staff disciplinary procedures.				
Demonstrates the ability to predict the overall effect of personnel policies on the organization.				
64B10-16.005(3)(a)3, 4, 5				
Displays an understanding of how to manage a diverse workforce.				
Possesses the ability to negotiate wages, salaries, and benefits.				
Understands how to match qualifications of candidates to job requirements.				
Understands the functions of the Nursing Services team and effective management of the Nursing Department.				
Understands the function of the Activities Department.				
Demonstrates an understanding of the various clinical pathways in rehabilitation.				
Understands how to manage Physical Therapy staff.				
Possesses an understanding of the various roles and services of Occupational therapy team members.				
Understands the services provided by Speech Therapy.				
Understands the role of Audiological Services.				
Understands the functions of the Social Services team and the management of Social Services.				
Understands the functions of the Dietary team and how to manage the Dietary Department.				

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AIT Name: _____

PRECEPTOR Name: _____

Understands the functions of the Housekeeping team, and how to effectively manage the Housekeeping Department.					
Possesses a working knowledge of the organization and management of Laundry services.					
Understands the functions of the Maintenance team.					
Demonstrates a working knowledge of the functions and management of Maintenance personnel.					
Understands the functions of the Medical Records team.					
Displays a working knowledge of pay scale administration.					
Understands the application of employee retention techniques.					
Understands proper overtime administration and non-exempt status.					
Possesses knowledge of CNA training requirements.					
Demonstrates a working knowledge of risk management policies.					
Fully understands the process of physician credentialing.					
Understands the Americans with Disabilities (ADA) law and its application.					

Domain/Subfunctions for 1,000 Hour Program	P 1	P 2	P 3	TOTAL
PERSONNEL [15%] (Minimum = 150 hours)				
PERIOD TOTALS				

INITIALS	P 1	P 2	P 3
AIT			
PRECEPTOR			

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 Administrator In Training
 Domains of Practice Quarterly Checklist for
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AIT Name: _____

PRECEPTOR Name: _____

FINANCE

Domain/Subfunctions	P 1	P 2	P 3	TOTAL
FINANCE 64B10-16.005(3)(b), F.A.C. [15%]				
Possesses a working knowledge of key financial indicators.				
Understands the difference between cash and the financial statements.				
Possesses a working knowledge of financial planning and interdepartmental financial/budgetary management.				
Demonstrates a working knowledge of capital purchases.				
Understands billing systems and methods.				
Demonstrates the ability to perform payroll analysis.				
Demonstrates a working knowledge of proper inventory management.				
Demonstrates a working knowledge of the interconnectedness of the Prospective Payment System (PPS), the Minimum Data Set (MDS), and Resource Utilization Groups (RUGs).				
64B10-16.005(3)(b)1				
Understands accounting procedures, including the chart of accounts				
Understands profit and loss statements, and balance sheets				
Understands policies relating to accounts payable and collection of accounts receivable				
Understands Medicaid & Medicare methods and systems, cost reports				
Understands business office segregation of duties and internal controls.				
64B10-16.005(3)(b)2				
Demonstrates knowledge of budget process.				
64B10-16.005(3)(b)3				
Understands how and possesses the ability to manage cash.				
Demonstrates understanding of cash forecasting.				
64B10-16.005(3)(b)4				
Possesses an understanding of third party payment organizations.				
64B10-16.005(3)(b)5				
Possesses the ability to prepare a business plan, a feasibility study, and a return on investment (ROI) proposal.				
64B10-16.005(3)(b)5				
Understands how to develop, plan, and manage an interdisciplinary budget.				

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AIT Name: _____

PRECEPTOR Name: _____

Domain/Subfunctions for 1,000 Hour Program	P 1	P 2	P 3	TOTAL
FINANCE [15%] (Minimum = 150 hours)				
PERIOD TOTALS				

INITIALS	P 1	P 2	P 3
AIT			
PRECEPTOR			

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 Administrator In Training
 Domains of Practice Quarterly Checklist for
 1,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name: _____

MARKETING

Domain/Subfunctions	P 1	P 2	P 3	TOTAL
MARKETING 64B10-16.005(3)(c), F.A.C. [5%]				
Possess knowledge of referral patterns.				
Demonstrates a working knowledge of referral conversion rates.				
Demonstrates the ability to lead facility tours.				
Possesses the skills to identify needs in the community and develop services to meet the needs.				
Possess a knowledge of contract negotiations, contract management, and purchasing agreements.				
64B10-16.005(3)(c)1				
Demonstrates knowledge of primary and secondary customer groups.				
Has a working knowledge of the process for developing and implementing a marketing plan.				
64B10-16.005(3)(c)2				
Displays an understanding of community volunteer agencies.				
Demonstrates the ability to utilize community volunteer agencies' resources in the care of residents.				
Has a working knowledge of community liaisons (e.g. hospice) and resources.				
64B10-16.005(3)(c)3				
Understands the importance of receiving and interpreting customer feedback.				
Knows the most effective techniques for soliciting, receiving, and integrating customer feedback.				

Domain/Subfunctions for 1,000 Hour Program	P 1	P 2	P 3	TOTAL
MARKETING [5%] (Minimum = 50 hours)				
PERIOD TOTALS				

INITIALS	P 1	P 2	P 3
AIT			
PRECEPTOR			

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 Administrator In Training
 Domains of Practice Quarterly Checklist for
 1,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name: _____

PHYSICAL RESOURCE MANAGEMENT

Domain/Subfunctions	P 1	P 2	P 3	TOTAL
PHYSICAL RESOURCE MANAGEMENT 64B10-16.005(3)(d), F.A.C. [10%]				
Demonstrates the knowledge of practices to control mold and water damage, and the implications of water damage and mold contamination.				
Understands the requirements for proper ventilation and climate control (heating, ventilation, and air conditioning – HVAC – systems).				
Understands the proper maintenance needs and storage requirements for complex medical equipment.				
Possesses the ability to run and assess disaster drills (internal and external).				
Has the ability to develop, implement, and enforce a missing item policy.				
64B10-16.005(3)(d)1				
Demonstrates ability to develop an equipment inventory.				
64B10-16.005(3)(d)2				
Demonstrates the knowledge of and ability to apply infection control practices.				
Possesses the ability to apply proper sanitation practices.				
Demonstrates a working understanding of facility equipment and related safety practices/ procedures.				
Understands and can apply proper practices for linens and infection control.				
Demonstrates a working knowledge of drug resistant bacteria (C.Dif, MRSA, and VRE).				
Understands housekeeping safety and fire prevention.				
64B10-16.005(3)(d)3				
Has a working knowledge of appropriate laundry equipment.				
Demonstrates a working knowledge of preventative maintenance needs.				
64B10-16.005(3)(d)4				
Understands how to use concepts of disaster preparedness.				
Demonstrates an understanding of the facility's roles and vulnerabilities (including how to conduct an evacuation).				
Domain/Subfunctions for 1,000 Hour Program	P 1	P 2	P 3	TOTAL
PHYSICAL RESOURCE MANAGEMENT [10%] (Minimum = 100 hours)				
PERIOD TOTALS				

INITIALS	P 1	P 2	P 3
AIT			
PRECEPTOR			

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AIT Name: _____

PRECEPTOR Name: _____

LAWS, REGULATORY CODES, AND GOVERNING BOARDS

Domain/Subfunctions	P 1	P 2	P 3	TOTAL
LAWS, REGULATORY CODES, AND GOVERNING BOARDS 64B10-16.005(3)(e), F.A.C [10%]				
7 Survey Tasks				
I. Demonstrates an understanding of offsite survey preparations.				
II. Understands the entrance conference and onsite preparatory activities.				
III. Demonstrates an understanding of the initial tour.				
IV. Demonstrates an understanding of the process of sample selection.				
V. Demonstrates a working knowledge of the process of information gathering.				
VI. Understands the process of information analysis for deficiency determination.				
VII. Understands the exit conference process.				
Demonstrates an understanding of the medical records timeline and documentation standards.				
Demonstrates a working knowledge of the Health Insurance Portability and Accountability Act (HIPAA).				
Understands the plan for communicating HIPAA requirements.				
Understands the Americans with Disabilities (ADA) law and its application.				
Possesses an understanding of the impact of local (municipal, county, and special tax district) codes and rules.				
64B10-16.005(3)(e)1				
Understands the survey process.				
Demonstrates the knowledge of infection control regulations.				
Knows the state's (Florida) governing bodies and how they impact the facility and staff.				
64B10-16.005(3)(e)2				
Understands and can apply federal regulations regarding in-servicing.				
Understands federal requirements regarding content of personnel files.				
Understands and can apply federal regulations for nursing functions.				
Understands and can apply federal regulations for resident Activities Department.				
Understands and can apply federal regulations for Social Services.				
Demonstrates an understanding of federal regulations for Dietary in-service education.				
Understands and can apply federal regulations for Dietary.				
Understands and can apply federal regulations for Laundry services.				
Understands and can apply federal regulations for Maintenance.				

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AIT Name: _____

PRECEPTOR Name: _____

Knows the federal governing bodies and how they impact the facility and staff.				
64B10-16.005(3)(e)3				
Demonstrates a working knowledge and understanding of Medicare calculation.				
64B10-16.005(3)(e)4				
Understands the reimbursement basics for respiratory therapy.				
Understands basic insurance coverages.				
64B10-16.005(3)(e)5				
Possesses a functional understanding of the legal implications of various activities, procedures, or decisions routinely taken or performed in the facility.				
Understands the reporting requirements of health care licensees.				

Domain/Subfunctions for 1,000 Hour Program	P 1	P 2	P 3	TOTAL
LAWS, REGULATORY CODES, AND GOVERNING BOARDS [10%] (Minimum = 100 hours)				
PERIOD TOTALS				

INITIALS	P 1	P 2	PP 3
AIT			
PRECEPTOR			

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 Domains of Practice Quarterly Checklist for
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AIT Name: _____

PRECEPTOR Name: _____

RESIDENT CARE

Domain/Subfunctions	P 1	P 2	P 3	TOTAL
RESIDENT CARE 64B10-16.005(3)(f) F.A.C [20%]				
Possesses an understanding of the demographics of the resident population and how resident services are affected.				
Understands the role of Social Services in resident care.				
Understands the role of Dietary services in resident care.				
Understands the role of Dining services in resident care.				
Possesses an understanding of the purpose of dietary resident rounds.				
Possesses a working knowledge of dietary documentation.				
Understands the role of Laundry in resident care.				
Understands the role of Medical Records in resident care.				
Demonstrates a working knowledge of a records retention schedule.				
64B10-16.005(3)(f)1				
Possesses the ability to differentiate between the scopes of practice for RNs, LPNs, and CNAs.				
Demonstrates an understanding of the role of the gerontological nurse in caring for aging residents in long-term care, and their families.				
64B10-16.005(3)(f)2				
Possesses a working understanding of customers and programming.				
Demonstrates an understanding of the components of Rehabilitation Services and their application to residents.				
Understands the relationship of Occupational Therapy and Physical Therapy and co-treatment options for the residents.				
Demonstrates knowledge of the preadmission and admission process service path.				
Understands the relationship of Nursing to other departments.				
Understands the relationship of Social Services to other departments.				
Understands the relationship of Dietary to other departments.				
Understands the relationship of Laundry to other departments.				
Understands the relationship of Maintenance to other departments.				
Possesses knowledge of discharge planning and the appeal process.				
Understands proper therapy services utilization.				
64B10-16.005(3)(f)3				
Possess the ability to facilitate the development and application of volunteer programs.				
Understand resident care policies for restorative and rehabilitative services.				
Demonstrates knowledge of the customers of Physical Therapy.				
Demonstrates knowledge of the customers of Occupational Therapy.				

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Demonstrates knowledge of the customers of Speech Therapy.					
Possesses knowledge of the customer service function.					
64B10-16.005(3)(f)4					
Demonstrates an understanding of the emotional problems of aging in the lives of residents.					
Understands the administrator's role in interacting with family, friends, and loved ones.					
64B10-16.005(3)(f)5					
Is able to discuss end-of-life issues and the role of the administrator in relating to the resident and their family when faced with death.					
64B10-16.005(3)(f)6					
Understands the interrelationship in a resident's behavior and their environment, including their intra-psychic and/or physical state.					
Possesses the ability to discuss resident behavior under different environmental or physiological conditions.					
Understands methods for assessing differential functioning (DIF) in the dementia population.					
64B10-16.005(3)(f)7					
Demonstrates an understanding of how to access and interpret facility quality indicators and measures.					
64B10-16.005(3)(f)8					
Understands concepts of benchmarking.					
64B10-16.005(3)(f)9					
Possesses the ability to utilize self-assessment tools to assess facility performance.					

Domain/Subfunctions for 1,000 Hour Program	P 1	P 2	P 3	TOTAL
RESIDENT CARE [20%] (Minimum = 200 hours)				
PERIOD TOTALS				

INITIALS	P 1	P 2	P 3
AIT			
PRECEPTOR			

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AIT Name: _____

PRECEPTOR Name: _____

AIT PROGRAM HOURS SUBMITTED/COMPLETED

AIT - 1,000 HOURS

Domain/Subfunctions	P 1	P 2	P 3	TOTAL
PERSONNEL [15%] (Minimum = 150 hours)				
FINANCE [15%] (Minimum = 150 hours)				
MARKETING [5%] (Minimum = 50 hours)				
PHYSICAL RESOURCE MANAGEMENT [10%] (Minimum = 100 hours)				
LAWS, REGULATORY CODES, AND GOVERNING BOARDS [10%] (Minimum = 100 hours)				
RESIDENT CARE [20%] (Minimum = 200 hours)				
PERIOD TOTALS				

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AIT Name: _____

PRECEPTOR Name: _____

NARRATIVE

Indicate the 1,000 Hour AIT Program and the reporting period.

1000 Hour Program

P 1	P 2	P 3

Please complete the following questions when submitting each periodic report:

1. Did your work week consist of at least 30 hours a week but no more than 50 hours a week?
2. Did you work a minimum of 6 hours daily between 7 a.m. and 10 p.m.?
3. Did you fill a specific position in the facility during normal working hours of the AIT Program?
4. Are you rotating through various departments during the AIT Program?
5. Over the course of the program, have you worked a minimum of 40 hours, but not more than 80 hours, between the hours of 10 p.m. and 7:00 a.m.

YES	NO

The domains of practices are: Personnel; Finance; Marketing; Physical Resource Management; Laws, Regulatory Codes, & Governing Boards; Resident Care.

Please write a brief narrative describing relevant learning experiences for the last period. Pages should be typed or printed. Use a new sheet for each domain; add additional sheets if more space is needed. This narrative should show how the Administrator-in-Training used the following methods to further his/her training: on-the-job experience, practical work experience within the various departments (# of hours worked in the dept.), meetings attended, surveys completed, written reports, texts or periodicals, visits to other facilities, and academic programs, college, or continuing education seminars. The purpose of this narrative is to demonstrate how you have had meaningful experiences and participated in projects that relate to the domains of practice.

AIT Signature: _____

DATE: _____

PRECEPTOR Signature: _____

DATE: _____

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2,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name:

64B10-16.001(4), F.A.C. The AIT shall serve his/her training in a normal work-week, containing a minimum of 30 hours and a maximum of 50 hours, with not less than six hours to be served daily between the hours of 7:00 a.m. and 10:00 p.m., except that during the year a minimum of 40 hours and a maximum of 80 hours are to be served between 10:00 p.m. and 7:00 a.m.

Please complete each section as it reflects the work of the AIT. One (1) report must be submitted each quarter for a total of four (4) reports, (see s. 468.1695(2)(b) F.S.), with the total column completed in the fourth and final report. The checklist contains sub functions which summarize the overall domains and serve as a synopsis of work completed. Please use the same checklist for each reporting quarter. Copies with original signatures are acceptable.

NOTE: In addition to submitting this checklist as part of a quarterly report, the AIT shall also submit narrative describing relevant learning experiences. This narrative should show how the trainee may have used the following methods to further his/her training: on-the-job experience, meetings attended, surveys completed, written reports, texts or periodicals, visits to other facilities, academic programs, college, or continuing education seminars. (*see* Rule 64B10-16.005(2), F.A.C.)

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AIT Name: _____

PRECEPTOR Name: _____

Domain/Subfunctions per Quarter	Q1	Q2	Q3	Q4	TOTAL
PERSONNEL 64B10-16.005(3)(a), F.A.C. [15%]					
Demonstrates an understanding of job descriptions and job-specific competencies.					
Possesses the ability to plan and develop basic staff development procedures.					
Possesses the ability to use audit procedures to evaluate effectiveness of training.					
Demonstrates the ability to plan, implement, and evaluate associate health and safety programs.					
Understands the importance of and proper process for exit interviewing.					
64B10-16.005(3)(a)1					
Understands proper interviewing techniques.					
Demonstrates an understanding of how to effectively train individuals to perform their duties.					
Demonstrates an understanding of effective recruiting procedures.					
Possess knowledge of workplace culture as it relates to the prevention of workplace violence, harassment, & hostility.					
64B10-16.005(3)(a)2					
Demonstrates the ability to implement effective human resource management in a facility.					
Demonstrates a working knowledge of staff professional development.					
Demonstrates knowledge of performance based evaluation procedures.					
Possesses the ability to plan, implement, and evaluate personnel policies.					
Able to apply proper staff disciplinary procedures.					
Demonstrates the ability to predict the overall effect of personnel policies on the organization.					
64B10-16.005(3)(a)3, 4, 5					
Displays an understanding of how to manage a diverse workforce.					
Possesses the ability to negotiate wages, salaries, and benefits.					
Understands how to match qualifications of candidates to job requirements.					
Understands the functions of the Nursing Services team and effective management of the Nursing Department.					
Understands the function of the Activities Department.					
Demonstrates an understanding of the various clinical pathways in rehabilitation.					
Understands how to manage Physical Therapy staff.					
Possesses an understanding of the various roles and services of Occupational therapy team members.					
Understands the services provided by Speech Therapy.					
Understands the role of Audiological Services.					
Understands the functions of the Social Services team and the management of Social Services.					
Understands the functions of the Dietary team and how to manage the Dietary Department.					

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AIT Name: _____

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Understands the functions of the Housekeeping team, and how to effectively manage the Housekeeping Department.					
Possesses a working knowledge of the organization and management of Laundry services.					
Understands the functions of the Maintenance team.					
Demonstrates a working knowledge of the functions and management of Maintenance personnel.					
Understands the functions of the Medical Records team.					
Displays a working knowledge of pay scale administration.					
Understands the application of employee retention techniques.					
Understands proper overtime administration and non-exempt status.					
Possesses knowledge of CNA training requirements.					
Demonstrates a working knowledge of risk management policies.					
Fully understands the process of physician credentialing.					
Understands the Americans with Disabilities (ADA) law and its application.					

Domain/Subfunctions for Quarter - 2,000 Hour Program	Q1	Q2	Q3	Q4	TOTAL
PERSONNEL [15%] (Minimum = 300 hours)					
QUARTERLY TOTALS					

INITIALS	Q1	Q2	Q3	Q4
AIT				
PRECEPTOR				

State of Florida
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 Domains of Practice Quarterly Checklist For
2,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name: _____

FINANCE

Domain/Subfunctions per Quarter	Q1	Q2	Q3	Q4	TOTAL
FINANCE 64B10-16.005(3)(b), F.A.C. [15%]					
Possesses a working knowledge of key financial indicators.					
Understands the difference between cash and the financial statements.					
Possesses a working knowledge of financial planning and interdepartmental financial/budgetary management.					
Demonstrates a working knowledge of capital purchases.					
Understands billing systems and methods.					
Demonstrates the ability to perform payroll analysis.					
Demonstrates a working knowledge of proper inventory management.					
Demonstrates a working knowledge of the interconnectedness of the Prospective Payment System (PPS), the Minimum Data Set (MDS), and Resource Utilization Groups (RUGs).					
64B10-16.005(3)(b)1					
Understands accounting procedures, including the chart of accounts					
Understands profit and loss statements, and balance sheets					
Understands policies relating to accounts payable and collection of accounts receivable					
Understands Medicaid & Medicare methods and systems, cost reports					
Understands business office segregation of duties and internal controls.					
64B10-16.005(3)(b)2					
Demonstrates knowledge of budget process.					
64B10-16.005(3)(b)3					
Understands how and possesses the ability to manage cash.					
Demonstrates understanding of cash forecasting.					
64B10-16.005(3)(b)4					
Possesses an understanding of third party payment organizations.					
64B10-16.005(3)(b)5					
Possesses the ability to prepare a business plan, a feasibility study, and a return on investment (ROI) proposal.					
64B10-16.005(3)(b)5					
Understands how to develop, plan, and manage an interdisciplinary budget.					

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AIT Name: _____

PRECEPTOR Name: _____

Domain/Subfunctions for Quarter - 2,000 Hour Program	Q1	Q2	Q3	Q4	TOTAL
FINANCE [15%] (Minimum = 300 hours)					
QUARTERLY TOTALS					

INITIALS	Q1	Q2	Q3	Q4
AIT				
PRECEPTOR				

State of Florida
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2,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name: _____

MARKETING

Domain/Subfunctions per Quarter	Q1	Q2	Q3	Q4	TOTAL
MARKETING 64B10-16.005(3)(c), F.A.C. [5%]					
Possess knowledge of referral patterns.					
Demonstrates a working knowledge of referral conversion rates.					
Demonstrates the ability to lead facility tours.					
Possesses the skills to identify needs in the community and develop services to meet the needs.					
Possess a knowledge of contract negotiations, contract management, and purchasing agreements.					
64B10-16.005(3)(c)1					
Demonstrates knowledge of primary and secondary customer groups.					
Has a working knowledge of the process for developing and implementing a marketing plan.					
64B10-16.005(3)(c)2					
Displays an understanding of community volunteer agencies.					
Demonstrates the ability to utilize community volunteer agencies' resources in the care of residents.					
Has a working knowledge of community liaisons (e.g. hospice) and resources.					
64B10-16.005(3)(c)3					
Understands the importance of receiving and interpreting customer feedback.					
Knows the most effective techniques for soliciting, receiving, and integrating customer feedback.					

Domain/Subfunctions for Quarter - 2,000 Hour Program	Q1	Q2	Q3	Q4	TOTAL
MARKETING [5%] (Minimum = 100 hours)					
QUARTERLY TOTALS					

INITIALS	Q1	Q2	Q3	Q4
AIT				
PRECEPTOR				

State of Florida
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2,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name: _____

PHYSICAL RESOURCE MANAGEMENT

Domain/Subfunctions per Quarter	Q1	Q2	Q3	Q4	TOTAL
PHYSICAL RESOURCE MANAGEMENT 64B10-16.005(2)(d), F.A.C. [10%]					
Demonstrates the knowledge of practices to control mold and water damage, and the implications of water damage and mold contamination.					
Understands the requirements for proper ventilation and climate control (heating, ventilation, and air conditioning – HVAC – systems).					
Understands the proper maintenance needs and storage requirements for complex medical equipment.					
Possesses the ability to run and assess disaster drills (internal and external).					
Has the ability to develop, implement, and enforce a missing item policy.					
64B10-16.005(3)(d)1					
Demonstrates ability to develop an equipment inventory.					
64B10-16.005(3)(d)2					
Demonstrates the knowledge of and ability to apply infection control practices.					
Possesses the ability to apply proper sanitation practices.					
Demonstrates a working understanding of facility equipment and related safety practices/ procedures.					
Understands and can apply proper practices for linens and infection control.					
Demonstrates a working knowledge of drug resistant bacteria (C.Dif, MRSA, and VRE).					
Understands housekeeping safety and fire prevention.					
64B10-16.005(3)(d)3					
Has a working knowledge of appropriate laundry equipment.					
Demonstrates a working knowledge of preventative maintenance needs.					
64B10-16.005(3)(d)4					
Understands how to use concepts of disaster preparedness.					
Demonstrates an understanding of the facility's roles and vulnerabilities (including how to conduct an evacuation).					

Domain/Subfunctions for Quarter - 2,000 Hour Program	Q1	Q2	Q3	Q4	TOTAL
PHYSICAL RESOURCE MANAGEMENT [10%] (Minimum = 200 hours)					
QUARTERLY TOTALS					

INITIALS	Q1	Q2	Q3	Q4
AIT				

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AIT Name: _____

PRECEPTOR Name: _____

LAWS, REGULATORY CODES, AND GOVERNING BOARDS

Domain/Subfunctions per Quarter	Q1	Q2	Q3	Q4	TOTAL
LAWS, REGULATORY CODES, AND GOVERNING BOARDS 64B10-16.005(2)(e), F.A.C [10%]					
7 Survey Tasks					
I. Demonstrates an understanding of offsite survey preparations.					
II. Understands the entrance conference and onsite preparatory activities.					
III. Demonstrates an understanding of the initial tour.					
IV. Demonstrates an understanding of the process of sample selection.					
V. Demonstrates a working knowledge of the process of information gathering.					
VI. Understands the process of information analysis for deficiency determination.					
VII. Understands the exit conference process.					
Demonstrates an understanding of the medical records timeline and documentation standards.					
Demonstrates a working knowledge of the Health Insurance Portability and Accountability Act (HIPAA).					
Understands the plan for communicating HIPAA requirements.					
Understands the Americans with Disabilities (ADA) law and its application.					
Possesses an understanding of the impact of local (municipal, county, and special tax district) codes and rules.					
64B10-16.005(3)(e)1					
Understands the survey process.					
Demonstrates the knowledge of infection control regulations.					
Knows the state's (Florida) governing bodies and how they impact the facility and staff.					
64B10-16.005(3)(e)2					
Understands and can apply federal regulations regarding in-servicing.					
Understands federal requirements regarding content of personnel files.					
Understands and can apply federal regulations for nursing functions.					
Understands and can apply federal regulations for resident Activities Department.					
Understands and can apply federal regulations for Social Services.					
Demonstrates an understanding of federal regulations for Dietary in-service education.					
Understands and can apply federal regulations for Dietary.					
Understands and can apply federal regulations for Laundry services.					
Understands and can apply federal regulations for Maintenance.					

State of Florida
 Administrator In Training
 Domains of Practice Quarterly Checklist For
2,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name: _____

Knows the federal governing bodies and how they impact the facility and staff.					
64B10-16.005(3)(e)3					
Demonstrates a working knowledge and understanding of Medicare calculation.					
64B10-16.005(3)(e)4					
Understands the reimbursement basics for respiratory therapy.					
Understands basic insurance coverages.					
64B10-16.005(3)(e)5					
Possesses a functional understanding of the legal implications of various activities, procedures, or decisions routinely taken or performed in the facility.					
Understands the reporting requirements of health care licensees.					

Domain/Subfunctions for Quarter - 2,000 Hour Program	Q1	Q2	Q3	Q4	TOTAL
LAWS, REGULATORY CODES, AND GOVERNING BOARDS [10%] (Minimum = 200 hours)					
QUARTERLY TOTALS					

INITIALS	Q1	Q2	Q3	Q4
AIT				
PRECEPTOR				

State of Florida
 Administrator In Training
 Domains of Practice Quarterly Checklist For
2,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name: _____

RESIDENT CARE

Domain/Subfunctions per Quarter	Q1	Q2	Q3	Q4	TOTAL
RESIDENT CARE 64B10-16.005(3)(f) F.A.C [20%]					
Possesses an understanding of the demographics of the resident population and how resident services are affected.					
Understands the role of Social Services in resident care.					
Understands the role of Dietary services in resident care.					
Understands the role of Dining services in resident care.					
Possesses an understanding of the purpose of dietary resident rounds.					
Possesses a working knowledge of dietary documentation.					
Understands the role of Laundry in resident care.					
Understands the role of Medical Records in resident care.					
Demonstrates a working knowledge of a records retention schedule.					
64B10-16.005(3)(f)1					
Possesses the ability to differentiate between the scopes of practice for RNs, LPNs, and CNAs.					
Demonstrates an understanding of the role of the gerontological nurse in caring for aging residents in long-term care, and their families.					
64B10-16.005(3)(f)2					
Possesses a working understanding of customers and programming.					
Demonstrates an understanding of the components of Rehabilitation Services and their application to residents.					
Understands the relationship of Occupational Therapy and Physical Therapy and co-treatment options for the residents.					
Demonstrates knowledge of the preadmission and admission process service path.					
Understands the relationship of Nursing to other departments.					
Understands the relationship of Social Services to other departments.					
Understands the relationship of Dietary to other departments.					
Understands the relationship of Laundry to other departments.					
Understands the relationship of Maintenance to other departments.					
Possesses knowledge of discharge planning and the appeal process.					
Understands proper therapy services utilization.					
64B10-16.005(3)(f)3					
Possess the ability to facilitate the development and application of volunteer programs.					
Understand resident care policies for restorative and rehabilitative services.					
Demonstrates knowledge of the customers of Physical Therapy.					
Demonstrates knowledge of the customers of Occupational Therapy.					

State of Florida
 Administrator In Training
 Domains of Practice Quarterly Checklist For
2,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name: _____

Demonstrates knowledge of the customers of Speech Therapy.					
Possesses knowledge of the customer service function.					
64B10-16.005(3)(f)4					
Demonstrates an understanding of the emotional problems of aging in the lives of residents.					
Understands the administrator's role in interacting with family, friends, and loved ones.					
64B10-16.005(3)(f)5					
Is able to discuss end-of-life issues and the role of the administrator in relating to the resident and their family when faced with death.					
64B10-16.005(3)(f)6					
Understands the interrelationship in a resident's behavior and their environment, including their intra-psychic and/or physical state.					
Possesses the ability to discuss resident behavior under different environmental or physiological conditions.					
Understands methods for assessing differential functioning (DIF) in the dementia population.					
64B10-16.005(3)(f)7					
Demonstrates an understanding of how to access and interpret facility quality indicators and measures.					
64B10-16.005(3)(f)8					
Understands concepts of benchmarking.					
64B10-16.005(3)(f)9					
Possesses the ability to utilize self-assessment tools to assess facility performance.					

Domain/Subfunctions for Quarter - 2,000 Hour Program	Q1	Q2	Q3	Q4	TOTAL
RESIDENT CARE [20%] (Minimum = 400 hours)					
QUARTERLY TOTALS					

INITIALS	Q1	Q2	Q3	Q4
AIT				
PRECEPTOR				

State of Florida
 Administrator In Training
 Domains of Practice Quarterly Checklist For
2,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name: _____

AIT PROGRAM HOURS SUBMITTED/COMPLETED

AIT - 2000 HOURS

Domain/Subfunctions per Quarter	Q1	Q2	Q3	Q4	TOTAL
PERSONNEL [15%] (Minimum = 300 hours)					
FINANCE [15%] (Minimum = 300 hours)					
MARKETING [5%] (Minimum = 100 hours)					
PHYSICAL RESOURCE MANAGEMENT [10%] (Minimum = 200 hours)					
LAWS, REGULATORY CODES, AND GOVERNING BOARDS [10%] (Minimum = 200 hours)					
RESIDENT CARE [20%] (Minimum = 400 hours)					
QUARTERLY TOTALS					

State of Florida
 Administrator In Training
 Domains of Practice Quarterly Checklist For
2,000 HOUR PROGRAM

AIT Name: _____

PRECEPTOR Name: _____

NARRATIVE

Indicate the 2,000 Hour AIT Program and the Quarterly Report completed for the reporting period.

	Q1	Q2	Q3	Q4
2000 Hour Program:				

Please complete the following questions when submitting each quarterly report:	YES	NO
1. Did your work week consist of at least 30 hours a week but no more than 50 hours a week?		
2. Did you work a minimum of 6 hours daily between 7 a.m. and 10 p.m.?		
3. Did you fill a specific position in the facility during normal working hours of the AIT Program?		
4. Are you rotating through various departments during the AIT Program?		
5. Over the course of one year, have you worked a minimum of 40 hours, but not more than 460 <u>80</u> hours, between the hours of 10 p.m. and 7:00 a.m.		

The domains of practices are: Personnel; Finance; Marketing; Physical Resource Management; Laws, Regulatory Codes, & Governing Boards; Resident Care

Please write a brief narrative describing relevant learning experiences for the last quarter. Pages should be typed or printed. Use a new sheet for each domain; add additional sheets if more space is needed. This narrative should show how the Administrator-in-Training used the following methods to further his/her training: on-the-job experience, practical work experience within the various departments (# of hours worked in the dept.), meetings attended, surveys completed, written reports, texts or periodicals, visits to other facilities, and academic programs, college, or continuing education seminars. The purpose of this narrative is to demonstrate how you have had meaningful experiences and participated in projects that relate to the domains of practice.

AIT Signature: _____

DATE: _____

PRECEPTOR Signature: _____

DATE: _____

64B10-11.001 Application for Licensure.

Any person desiring to be licensed as a nursing home administrator shall apply to the Board of Nursing Home Administrators. The application shall be made on the Application for Nursing Home Administrators Examination and Endorsement/Temporary form DH-MQA-NHA002 (revised 6/14), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-04504> or the web at <http://www.floridahealth.gov/licensing-and-regulation/nursing-home/index.html>.

Rulemaking Authority 468.1685(1), (2), 468.1695(1) FS. Law Implemented 456.013, 468.1685(2), 468.1695(1), 468.1705 FS. History—New 12-26-79, Formerly 21Z-11.01, Amended 1-18-87, 10-2-88, 3-5-89, 3-15-90, 12-3-90, 11-3-92, Formerly 21Z-11.001, 61G12-11.001, Amended 12-4-95, 9-4-96, 7-21-97, Formerly 59T-11.001, Amended 5-15-00, 1-7-04, 2-15-06, 11-9-08, 10-24-10, 2-6-13, 9-10-14.

64B10-11.003 Reexamination.

(1) An applicant must obtain passing scores on both examinations required for licensure as specified in subsection 64B10-11.002(1), F.A.C., within one (1) year of the date of application. Any applicant desiring to retake one or both of the required examinations must reapply to the Board and pay the fee required by subsection 64B10-12.006(2), F.A.C.

(2) Application for reexamination shall be made on the Application for Nursing Home Administrators Re-Examination Form DH-MQA 1129 (revised 06/14), hereby adopted and incorporated by reference, and which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-05469> or the Board's website at <http://floridasnursinghomeadmin.gov/resources>.

(3) If the applicant fails to achieve passing scores on both examinations within the stated one-year period, the applicant must reapply for licensure as specified in Rule 64B10-11.001, F.A.C., pay all required fees, and meet all then-current licensing requirements.

Rulemaking Authority 456.017(2), 468.1685(1) FS. Law Implemented 456.017(2) FS. History—New 12-26-79, Amended 3-1-82, 6-14-82, Formerly 21Z-11.03, Amended 3-5-89, 8-19-92, Formerly 21Z-11.003, 61G12-11.003, Amended 6-2-96, Formerly 59T-11.003, Amended 5-15-00, 11-6-02, 2-15-06, 4-22-09, 10-11-10, 2-6-13, 9-10-14, 7-8-15.

(4) Within 30 days after receipt of the recommendation of the resolution organization, the agency shall adopt the recommendation as a final order. The final order is subject to judicial review pursuant to s. 120.68.

Section 8. Paragraph (oo) is added to subsection (1) of section 456.072, Florida Statutes, to read:

456.072 Grounds for discipline; penalties; enforcement.—

(1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:

(oo) Willfully failing to comply with s. 627.64194 or s. 641.513 with such frequency as to indicate a general business practice.

Section 9. Paragraph (tt) is added to subsection (1) of section 458.331, Florida Statutes, to read:

458.331 Grounds for disciplinary action; action by the board and department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(tt) Willfully failing to comply with s. 627.64194 or s. 641.513 with such frequency as to indicate a general business practice.

Section 10. Paragraph (vv) is added to subsection (1) of section 459.015, Florida Statutes, to read:

459.015 Grounds for disciplinary action; action by the board and department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(vv) Willfully failing to comply with s. 627.64194 or s. 641.513 with such frequency as to indicate a general business practice.

Section 11. Paragraph (gg) is added to subsection (1) of section 626.9541, Florida Statutes, to read:

626.9541 Unfair methods of competition and unfair or deceptive acts or practices defined.—

(1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE ACTS.—The following are defined as unfair methods of competition and unfair or deceptive acts or practices:

(gg) Out-of-network reimbursement.—Willfully failing to comply with s. 627.64194 with such frequency as to indicate a general business practice.

Select Year:

The 2016 Florida Statutes

[Title XXXVII](#)
INSURANCE

[Chapter 627](#)
INSURANCE RATES AND CONTRACTS

[View Entire Chapter](#)

627.64194 Coverage requirements for services provided by nonparticipating providers;

payment collection limitations.—

(1) As used in this section, the term:

(a) “Emergency services” means emergency services and care, as defined in s. [641.47\(8\)](#), which are provided in a facility.

(b) “Facility” means a licensed facility as defined in s. [395.002\(16\)](#) and an urgent care center as defined in s. [395.002\(30\)](#).

(c) “Insured” means a person who is covered under an individual or group health insurance policy delivered or issued for delivery in this state by an insurer authorized to transact business in this state.

(d) “Nonemergency services” means the services and care that are not emergency services.

(e) “Nonparticipating provider” means a provider who is not a preferred provider as defined in s. [627.6471](#) or a provider who is not an exclusive provider as defined in s. [627.6472](#). For purposes of covered emergency services under this section, a facility licensed under chapter 395 or an urgent care center defined in s. [395.002\(30\)](#) is a nonparticipating provider if the facility has not contracted with an insurer to provide emergency services to its insureds at a specified rate.

(f) “Participating provider” means, for purposes of this section, a preferred provider as defined in s. [627.6471](#) or an exclusive provider as defined in s. [627.6472](#).

(2) An insurer is solely liable for payment of fees to a nonparticipating provider of covered emergency services provided to an insured in accordance with the coverage terms of the health insurance policy, and such insured is not liable for payment of fees for covered services to a nonparticipating provider of emergency services, other than applicable copayments, coinsurance, and deductibles. An insurer must provide coverage for emergency services that:

(a) May not require prior authorization.

(b) Must be provided regardless of whether the services are furnished by a participating provider or a nonparticipating provider.

(c) May impose a coinsurance amount, copayment, or limitation of benefits requirement for a nonparticipating provider only if the same requirement applies to a participating provider.

The provisions of s. [627.638](#) apply to this subsection.

(3) An insurer is solely liable for payment of fees to a nonparticipating provider of covered nonemergency services provided to an insured in accordance with the coverage terms of the health insurance policy, and such insured is not liable for payment of fees to a nonparticipating provider, other than applicable copayments, coinsurance, and deductibles, for covered nonemergency services that are:

(a) Provided in a facility that has a contract for the nonemergency services with the insurer which the facility would be otherwise obligated to provide under contract with the insurer; and

(b) Provided when the insured does not have the ability and opportunity to choose a participating provider at the facility who is available to treat the insured.

The provisions of s. [627.638](#) apply to this subsection.

(4) An insurer must reimburse a nonparticipating provider of services under subsections (2) and (3) as specified in s. [641.513\(5\)](#), reduced only by insured cost share responsibilities as specified in the health insurance policy, within the applicable timeframe provided in s. [627.6131](#).

(5) A nonparticipating provider of emergency services as provided in subsection (2) or a nonparticipating provider of nonemergency services as provided in subsection (3) may not be reimbursed an amount greater than the amount provided in subsection (4) and may not collect or attempt to collect from the insured, directly or indirectly, any excess amount, other than copayments, coinsurance, and deductibles. This section does not prohibit a nonparticipating provider from collecting or attempting to collect from the insured an amount due for the provision of noncovered services.

(6) Any dispute with regard to the reimbursement to the nonparticipating provider of emergency or nonemergency services as provided in subsection (4) shall be resolved in a court of competent jurisdiction or through the voluntary dispute resolution process in s. [408.7057](#).

History.—s. 12, ch. 2016-222.

Select Year:

The 2016 Florida Statutes

[Title XXXVII](#)[Chapter 641](#)[View Entire Chapter](#)

INSURANCE

HEALTH CARE SERVICE PROGRAMS

641.513 Requirements for providing emergency services and care.—

(1) In providing for emergency services and care as a covered service, a health maintenance organization may not:

(a) Require prior authorization for the receipt of prehospital transport or treatment or for emergency services and care.

(b) Indicate that emergencies are covered only if care is secured within a certain period of time.

(c) Use terms such as “life threatening” or “bona fide” to qualify the kind of emergency that is covered.

(d) Deny payment based on the subscriber’s failure to notify the health maintenance organization in advance of seeking treatment or within a certain period of time after the care is given.

(2) Prehospital and hospital-based trauma services and emergency services and care must be provided to a subscriber of a health maintenance organization as required under ss. [395.1041](#), [395.4045](#), and [401.45](#).

(3)(a) When a subscriber is present at a hospital seeking emergency services and care, the determination as to whether an emergency medical condition, as defined in s. [641.47](#) exists shall be made, for the purposes of treatment, by a physician of the hospital or, to the extent permitted by applicable law, by other appropriate licensed professional hospital personnel under the supervision of the hospital physician. The physician or the appropriate personnel shall indicate in the patient’s chart the results of the screening, examination, and evaluation. The health maintenance organization shall compensate the provider for the screening, evaluation, and examination that is reasonably calculated to assist the health care provider in arriving at a determination as to whether the patient’s condition is an emergency medical condition. The health maintenance organization shall compensate the provider for emergency services and care. If a determination is made that an emergency medical condition does not exist, payment for services rendered subsequent to that determination is governed by the contract under which the subscriber is covered.

(b) If a determination has been made that an emergency medical condition exists and the subscriber has notified the hospital, or the hospital emergency personnel otherwise have knowledge that the patient is a subscriber of the health maintenance organization, the hospital must make a reasonable attempt to notify the subscriber’s primary care physician, if known, or the health maintenance organization, if the health maintenance organization had previously requested in writing that the notification be made directly to the health maintenance organization, of the existence of the emergency medical condition. If the primary care physician is not known, or has not been contacted, the hospital must:

1. Notify the health maintenance organization as soon as possible prior to discharge of the subscriber from the emergency care area; or

2. Notify the health maintenance organization within 24 hours or on the next business day after admission of the subscriber as an inpatient to the hospital.

If notification required by this paragraph is not accomplished, the hospital must document its attempts to notify the health maintenance organization of the circumstances that precluded attempts to notify the health maintenance organization. A health maintenance organization may not deny payment for emergency services and care based on a hospital's failure to comply with the notification requirements of this paragraph. Nothing in this paragraph shall alter any contractual responsibility of a subscriber to make contact with the health maintenance organization, subsequent to receiving treatment for the emergency medical condition.

(c) If the subscriber's primary care physician responds to the notification, the hospital physician and the primary care physician may discuss the appropriate care and treatment of the subscriber. The health maintenance organization may have a member of the hospital staff with whom it has a contract participate in the treatment of the subscriber within the scope of the physician's hospital staff privileges. The subscriber may be transferred, in accordance with state and federal law, to a hospital that has a contract with the health maintenance organization and has the service capability to treat the subscriber's emergency medical condition. Notwithstanding any other state law, a hospital may request and collect insurance or financial information from a patient in accordance with federal law, which is necessary to determine if the patient is a subscriber of a health maintenance organization, if emergency services and care are not delayed.

¹(4) A subscriber may be charged a reasonable copayment, as provided in s. 641.31(12), for the use of an emergency room.

¹(5) Reimbursement for services pursuant to this section by a provider who does not have a contract with the health maintenance organization shall be the lesser of:

- (a) The provider's charges;
- (b) The usual and customary provider charges for similar services in the community where the services were provided; or
- (c) The charge mutually agreed to by the health maintenance organization and the provider within 60 days of the submittal of the claim.

Such reimbursement shall be net of any applicable copayment authorized pursuant to subsection (4).

(6) Reimbursement for services under this section provided to subscribers who are Medicaid recipients by a provider for whom no contract exists between the provider and the health maintenance organization shall be determined under chapter 409.

(7) Reimbursement for services under this section provided to subscribers who are enrolled in a health maintenance organization pursuant to s. 624.91 by a provider for whom no contract exists between the provider and the health maintenance organization shall be the lesser of:

- (a) The provider's charges;
- (b) The usual and customary provider charges for similar services in the community where the services were provided;
- (c) The charge mutually agreed to by the entity and the provider within 60 days after submittal of the claim; or
- (d) The Medicaid rate.

History.—s. 33, ch. 96-199; s. 9, ch. 96-223; s. 25, ch. 2016-65.

¹**Note.**—As created by s. 33, ch. 96-199. As created by s. 9, ch. 96-223, s. 641.513(4) and (5) read:

(4) A subscriber may be charged a reasonable copayment, as provided in s. 641.31(12), for the use of an emergency room, except for Medicaid recipients. Nothing in this section is intended to prohibit or limit application of a nominal copayment as provided in s. 409.9081 for the use of an emergency room for services other than emergency services and care.

(5) Reimbursement for services under this section provided to subscribers who are not Medicaid recipients by a provider for whom no contract exists between the provider and the health maintenance organization shall be the lesser of:

- (a) The provider's charges;
- (b) The usual and customary provider charges for similar services in the community where the services were provided; or
- (c) The charge mutually agreed to by the health maintenance organization and the provider within 60 days after the submittal of the claim.

Such reimbursement shall be net of any applicable copayment authorized pursuant to subsection (4).

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**DEPARTMENT OF HEALTH
BOARD OF NURSING HOME ADMINISTRATORS
2016-2017 ANNUAL REGULATORY PLAN**

Section 1 – Laws enacted or amended within the previous 12 months which create or modify the duties or authority of the Board. (120.74(1)(a), Florida Statutes)

Law Enacted or Modified on or after Oct. 1, 2015 (120.74(1)(a), F.S.)	Statute (modified or created)	Rule Impacted	Must Agency Adopt Rules?	If Rulemaking Necessary, Notice of Development Published	Publication Date for Notice of Proposed Rulemaking	If Rulemaking Not Necessary, Explain
2016-116	120.695	64B10-14.005	No	N/A	N/A	The Board has a rule designating minor violations. The Board may amend this rule as a result of the review required by this statutory change.
2016-222	456.072(1)	64B10-14.004	Yes	10/07/16 (Anticipated)	11/04/16 (Anticipated)	
2016-230	456.013	64B10-11.001	Yes	10/07/16 (Anticipated)	11/04/16 (Anticipated)	Amendment to be implemented by the Department of Health and implementation does not require any rule changes by the Board.
		64B10-11.0011	Yes			
		64B10-16.001	Yes	03/10/16	08/05/16	
	456.024	None	No	N/A	N/A	
		456.0635	64B10-11.001	Yes	10/07/16 (Anticipated)	
64B10-11.003						
	64B10-16.001	Yes	03/10/16	08/05/16		
		64B10-16.002				

Section 2 - Listing of each law not otherwise listed in Part 1 which the Board expects to implement by rulemaking before July 1, 2017. (120.74(1)(b), Florida Statutes)

Law Expected to be Implemented Through Rulemaking	Rule Impacted	Reason for Rulemaking
456.013 468.1685 468.1695 468.1705	64B10-11.001	Clarify, Simplify, Increase Efficiency
456.017	64B10-11.003	Clarify, Simplify, Increase Efficiency
456.072 468.1755	64B10-14.004	Clarify, Reduce Regulatory Costs

Section 3: Updates to the prior year's regulatory plan. (120.74(1)(c), Florida Statutes)

There are no updates to the prior year's regulatory plan.

Section 4: Certification.

Pursuant to Section 120.74(1)(d), Florida Statutes, I hereby certify that I have reviewed this Annual Regulatory Plan and that the Board regularly reviews all of its rules to determine if the rules remain consistent with the Board's rulemaking authority and the laws being implemented, with the most recent comprehensive review having been completed June 30, 2015.

Henry Gerrity, III, Chair
Board of Nursing Home Administrators

Date

Lawrence D. Harris, Esq.
Counsel to the Board of Nursing Home Administrators

Date

**BOARD OF NURSING HOME ADMINISTRATORS
RULES REPORT – AUGUST 2016**

Rule Number	Rule Title	Date Rule Language Approved by Board	Date Sent to OFARR	Rule Development Published	Notice Published	Adopted	Effective
64B10-12.0001	Fees	11/20/15	03/09/16	03/22/16	04/07/16 04/18/16 JAPC letter rec'd 05/02/16 JAPC response sent 06/24/16 Public Hearing 07/06/16 Additional JAPC response sent 07/19/16 Notice of Change		
64B10-16.001	General Information	11/20/15	03/02/16	03/10/16	03/28/16 03/30/16 JAPC letter rec'd 04/29/16 JAPC response sent 06/24/16 Public Hearing 08/05/16 Notice of Change		
64B10-16.002	Preceptor	11/20/15	03/02/16	03/10/16	03/28/16 03/30/16 JAPC letter rec'd 04/29/16 JAPC response sent 06/24/16 Public Hearing 08/05/16 Notice of Change		
64B10-16.0021	Change of Status of Preceptor	11/20/15	03/02/16	03/10/16	03/28/16 03/30/16 JAPC letter rec'd 04/29/16 JAPC response sent 06/24/16 Public Hearing		
64B10-16.0025	Preceptor Training Seminar	11/20/15	03/02/16	03/10/16	03/28/16 03/30/16 JAPC letter rec'd 04/29/16 JAPC response sent 06/24/16 Public Hearing		
64B10-16.003	Facility at Which Training Takes Place	11/20/15	03/02/16	03/10/16	03/28/16 03/30/16 JAPC letter rec'd 04/29/16 JAPC response sent 06/24/16 Public Hearing		
64B10-16.005	Domains of Practice, Objectives, Reports	11/20/15	03/02/16	03/10/16	03/28/16 03/30/16 JAPC letter rec'd 04/29/16 JAPC response sent 06/24/16 Public Hearing 08/05/16 Notice of Change		

**BOARD OF NURSING HOME ADMINISTRATORS
RULES REPORT – AUGUST 2016**

Rule Number	Rule Title	Date Rule Language Approved by Board	Date Sent to OFARR	Rule Development Published	Notice Published	Adopted	Effective
64B10-16.007	Out-of-State Administrator-In-Training Programs	11/20/15	03/02/16	03/10/16	03/28/16 03/30/16 JAPC letter rec'd 04/29/16 JAPC response sent 06/24/16 Public Hearing		

**BOARD OF NURSING HOME ADMINISTRATORS COMMITTEE
ASSIGNMENTS**

AIT/PRECEPTOR

Chantelle Fernandez
Henry Gerrity
Scott Lipman

BUDGET

Michael Helmer

CONTINUING EDUCATION

Patricia Feeney

CREDENTIALS

Scott Lipman

DISCIPLINARY COMPLIANCE

Christine Hankerson

HEALTHIEST WEIGHT

Christine Hankerson

LEGISLATION

Michael Helmer

PROBABLE CAUSE

Terry Goodman, Chair*
Chantelle Fernandez
Michael Helmer

RULES

Patricia Feeney

UNLICENSED ACTIVITY

VACANT

Nursing Home Administrators Licensure Requirements Summary

State	Licensure Requirements			AIT Training		Exam		CE Hrs Required
	Min Age	Education Degree	Min/Max Hrs	Period	Board Approved Preceptor	Natl	State	
Alabama	19	AA		200/2000	Yes	Yes	Yes	24/Annually
Alaska	19	BA				Yes	No	0/0
Arizona		BA		1000	No	Yes	Yes	50/Biennially
Arkansas	21	AA				Yes	Yes	20/Annually
California NHA	18	BA		1000	Yes	Yes	Yes	40/Biennially
Colorado	21	AA		500/1000	Yes	Yes	Yes	0
Connecticut		0				Yes		0
Delaware	18	Other	100		Yes	Yes	No	48/Biennially
District of Columbia	18	BA		1000	Yes	Yes	Yes	40/Biennially
Florida	18	BA		1000/2000	Yes	Yes	Yes	40/Biennially
Georgia								
Hawaii	21	BA	30	2080/0	Yes	Yes	No	0/Biennially
Idaho NHA	21	BA		384/384	Yes	Yes	Yes	20/Annually
Illinois		0	1/1	71	Yes	Yes	Yes	70
Indiana		Other	280	728/1040	Yes	Yes	Yes	40/Biennially
Iowa		BA	12	720	No	Yes	No	40/Biennially
Kansas	18	BA		480	Yes	Yes	Yes	50/Biennially
Kentucky	21	BA		1080	No	Yes	No	30/Biennially
Louisiana	21	BA		1040	Yes	Yes	Yes	15/Annually
Maine		0						0
Maryland	21	BA	100/100	2080/2080	Yes	Yes	Yes	40/Biennially
Massachusetts	18	BA		520/1040	Yes	Yes	No	40/Biennially
Michigan	18	Other	0/0	0/0		Yes	Yes	36/Biennially
Minnesota	21	BA	0/36	0/400	No	Yes	No	20/Annually
Mississippi	21	Other	0/0	1040	Yes	Yes	Yes	40/Biennially
Missouri	21	Other		500/2000	Yes	Yes	Yes	40/Biennially
Montana	18	Other				Yes	Yes	25/Annually
Nebraska	19	AA		640	Yes	Yes	No	50/Biennially
Nevada	21	BA		1000	Yes	Yes	No	30/Biennially
New Hampshire	21	BA	15		No	Yes	Yes	40/Biennially
New Jersey	18	BA	100/100	1750/1750	Yes	Yes	No	60/0
New Mexico		BA			No	Yes	Yes	24/Annually
New York	21	BA	15	445/2080	Yes	Yes	No	48/Biennially
North Carolina	18	Other	0/0	480/2000	Yes	Yes	Yes	30/Biennially
North Dakota	18	BA	0	480	Yes	Yes	Yes	20/Annually
Ohio	18	BA		1500/1500	Yes	Yes	Yes	20/Annually
Oklahoma	21	BA		560/560	Yes	Yes	Yes	24/Annually
Oregon		BA		960	No	Yes	Yes	20/Annually
Pennsylvania	21	Other		800/1000	No	Yes	Yes	48/Biennially
Rhode Island	18	BA	15	350		Yes	No	40/Biennially
South Carolina	21	BA	0/0	0/0	Yes	Yes	Yes	20/Annually
South Dakota	18	BA		240	Yes	Yes		40/Biennially
Tennessee	18	AA		400	Yes	Yes	Yes	18/Annually
Texas		BA	15	1000	Yes	Yes	Yes	40/Biennially
Utah		0		1000	No	Yes	No	40/Biennially
Vermont	18	BA	0/0	1000	Yes	Yes	Yes	40/Biennially
Virginia		BA		320/2000	Yes	Yes	No	20/Annually
Washington		BA		1500	Yes	Yes	No	36/Biennially
West Virginia	21	BA	12	2040	Yes	Yes	Yes	20/Annually
Wisconsin		0						0
Wyoming		BA			No	Yes	No	25/Annually

2017 PROPOSED MEETING DATES FOR NHA

January 13, 2017

April 28, 2017

July 7, 2017

August 25, 2017

October 20, 2017