# **Nursing Home Administrator**

# ADMINISTRATOR-IN-TRAINING (AIT)



# **PROGRAM GUIDELINES**

# SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION

# **Board of Long Term Health Care Administrators**

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Approved by the members of the Board of Long Term Health Care Administrators

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#### **PURPOSE**

The South Carolina Department of Labor, Licensing and Regulation Board of Long Term Health Care Administrators (LTHCA) has developed an Administrator-In-Training (AIT) program, effective July 1,1998. This program is intended to provide a flexible, work-based training program for interested and qualified persons to become licensed Nursing Home Administrators (NHA). The South Carolina General Assembly approved the program in May 1997 as an effort toward satisfying the growing demand for qualified NHAs. Successful completion of the AIT program enables the AIT to apply for licensure as a NHA, foregoing the qualifying work experience mandated by the South Carolina Code of Regulations, Chapter 93.

# AIT CANDIDATE ISSUES

#### AIT PREREQUISITES

Prior to enrolling in the AIT Program, the candidate must have earned a baccalaureate degree from an accredited college or university or must be enrolled in a course of study that will award such a degree on completion.

#### AIT PROGRAM LENGTH

AIT candidates with a baccalaureate degree in health care administration will complete an AIT internship lasting six (6) months.

For AIT candidates with a baccalaureate degree other than health care administration, the AIT internship will last nine (9) months.

#### AIT ENROLLMENT

The AIT candidate must register with the Board of Long Term Health Care Administrators (LTHCA) by completing the approved *Administrator-In-Training Application* (Attachment 1) and submitting it along with the non-refundable registration fee of \$25.00. Upon approval, the Board will issue an AIT training permit to the applicant, valid for up to one year. The AIT is at that time responsible for contacting a preceptor from the Board-approved Preceptor Directory to determine if the preceptor will agree to work with the AIT. The AIT and the preceptor must first complete an *AIT Program Proposal* (Attachment 2) and submit it for Board Approval. Upon receiving notice of Board approval, the AIT program may begin, as stated in the section titled **PROGRAM ENTRY DATES**. Attachment 3 is a flow chart of the AIT program activities, beginning with the AIT candidate requesting an application.

#### AIT LIMITATIONS

The Board of LTHCA prohibits AITs from training at multiple facilities. Additionally, AITs may not be employed in any other capacity in the facility where the AIT training program is being executed.

An AIT who maintains outside employment during the AIT program must divulge this information to the Board of LTHCA as well as the preceptor, prior to beginning the program.

### AIT PRECEPTOR ISSUES

#### PRECEPTOR REQUIREMENTS

The requirements for becoming a preceptor in the AIT program are as follows:

- Must be currently licensed as a South Carolina Nursing Home Administrator
- Must have been licensed for the previous three years
- No disciplinary sanctions against the license
- Must be employed as the administrator of record in a facility licensed under DHEC regulations

#### PRECEPTOR ENROLLMENT

Qualified preceptors must register with the Board of LTHCA on an *Administrator-In-Training Preceptor Application* (Attachment 4). Following Board approval, the preceptor must complete the online AIT Preceptor Training. This training will be provided to preceptors at no charge and continuing education credits will be awarded upon completion. In addition, there will be a fee of \$50 for the AIT standards manual.

Preceptors order the <u>National Administrator-in-Training Manual</u> at www.nabweb.org. The forms included in the NAB Manual are <u>not</u> to be used for the South Carolina AIT program, as the Board of LTHCA has produced customized forms that are included in these guidelines (see Attachments).

Successful completion of the preceptor training results in the preceptor's name, facility name and address, and business telephone number being included in the Preceptor Directory distributed to potential AITs. The preceptor will then be fully qualified to participate in the AIT program as outlined in the *AIT Program – Activities Flow Chart* (Attachment 3).

Preceptors who successfully complete the initial training program will receive a certificate valid for three years. A preceptor refresher course is required after the initial three-year period and every five years thereafter. The refresher course will be similar to the initial training and continuing education credits will be conferred upon completion. The Board of LTHCA may, for good cause, refuse to approve initially or renew a preceptor.

#### PRECEPTOR LIMITATIONS

The Board of LTHCA restricts preceptors from training an employer or supervisor in the AIT program. In addition, preceptors may supervise no more than one AIT concurrently.

#### PRECEPTOR CONTINUING EDUCATION HOURS

Preceptors may obtain CE hours while training AIT(s) candidates. A Preceptor, who trains an AIT for 6 months, would receive 7 CE hours and for 9 months training, receive 10 CE hours within the license period. If the preceptor trains an AIT for six months and trains another AIT for 9 months, than they would receive 15 hours, with five additional hours in a classroom setting within the license period. This would not exclude them from getting the remainder of the required CE hours in a classroom setting to meet the required 20 CE hours to renew their license.

### AIT PROGRAM ISSUES

#### **RECORD KEEPING**

All applications, reports, letters, or other correspondence related to the AIT program become part of the permanent record with the Board of LTHCA, for both AIT and preceptors.

#### **PROGRAM CONTENT**

The AIT Program is structured in accordance with the National Association of Boards of Examiners for Long Term Care Administrators, 1996 Domains of Practice. The specifics of which are delineated in <u>National Home Administrator-in-Training Manual.</u>

The AIT should evaluate their background and experience by completing the self-assessment found in <u>The</u> <u>Nursing Home Administrator-in-Training Manual</u> on pages 62 through 113. This self-assessment is not to be submitted to the Board of LTHCA. Instead, it is to be used to determine the time to be spent in each of the Domains of Practice and is a useful tool for identifying specific areas of strengths and weaknesses.

The 12 domains and the suggested time to be spent in each are listed on the *AIT Program Proposal* (Attachment 2). It is expected that the AIT and preceptor will complete the agreement/proposal in accordance with the AIT's experiences and education (as determined by the self-assessment), and will submit the form to the Board for approval <u>prior</u> to implementation. Any "other" experiences, such as conferences, training seminars, court hearings or other related events require Board approval prior to AIT attendance and may be submitted to the Board of LTHCA at any time during the AIT program.

In addition to the required time to be spent in each department, opportunities exist for the AIT to complete "special projects" throughout the AIT program. The <u>NAB Administrator-in-Training Internship Manual</u> lists several of these activities at the end of the chapter regarding each department, or, AITs and preceptors may wish to develop a project not in the NAB manual. All selected projects must be submitted to the Board for approval, prior to implementation. Page 3 of the *AIT Program Proposal* (Attachment 2) provides a form for identifying special projects.

#### **PROGRAM ENTRY DATES**

The Board of LTHCA will approve AIT programs to start monthly. The *AIT Program Proposal* (Attachment 2) must be received no later than the 15<sup>th</sup> of the month preceding the planned starting month. Agreements received after the 15<sup>th</sup> will not be eligible to begin until the beginning of the second month. (For example, if an agreement is received August 20<sup>th</sup>, the AIT program may start no earlier than October 1, if approved).

No AIT program may begin until the Board of LTHCA issues official notice of approval of the AIT, preceptor and selected program. The Board reserves the right to approve or reject the program proposed and may or may not recommend changes needed for Board approval.

#### **PROGRESS REPORTS**

The Board of LTHCA requires continual tracking of AIT program progress. This is accomplished through the *AIT Monthly Progress Report* (Attachment 5) and the *AIT Daily Hours Log* (Attachment 6). These two reports are to be completed by the preceptor and submitted to the Board of LTHCA no later than the 5<sup>th</sup> of the following month.

At the conclusion of the program, a *Final Preceptor Report* (Attachment 7) is to be submitted along with the *Preceptor Evaluation of AIT Program* (Attachment 8) prior to the 10<sup>th</sup> of the month following program culmination. Also due prior to the 10<sup>th</sup> of the month following program completion is the *Final AIT Report* (Attachment 9), wherein the AIT will evaluate both the overall program and their own related experiences.

All required documentation must be received by the Board for the AIT program to be complete. Failure to do so will result in the AIT candidate not receiving permission to forego the work experience required prior to applying for NHA licensure.

In addition to the required reports specified above, the preceptor will meet with the AIT at least weekly throughout the AIT program. It is expected that the preceptor will utilize these meetings to notify the AIT of his performance as the program progresses. If at any time during the AIT program the AITs performance is unacceptable, the preceptor will advise the AIT and the AIT will be afforded the opportunity to correct the deficiencies within a specified period of time. This information should be noted in the monthly reports, along with the plan of correction and the progress made toward improvement.

#### **CHANGE OF PROGRAM**

Any change in preceptor requires written notice to and approval by the Board of LTHCA. An internship that is discontinued by a period of military service may be completed within a year after the service, with Board of LTHCA notification and approval. Discontinuance of training for any other reason must be reported to the Board of LTHCA and the AIT.

If an AIT program is discontinued without approval from the Board of LTHCA, the AIT training permit becomes invalid immediately. The AIT must then re-apply by completing another *Administrator-In-Training Application* (Attachment 1) and submitting it along with the non-refundable registration fee of \$25, if a new AIT program is desired.

## **GENERAL AIT ISSUES**

#### AIT ABSENCES

Absenteeism must be reported by the preceptor in the monthly reports, and may be cause for termination of the AIT program, if determined excessive by the Board of LTHCA. The preceptor and AIT must deal with all AIT absences that total less than 5 consecutive working days, and must rearrange the training accordingly. Any absences of 5 or more consecutive working days must be reported to the Board of LTHCA and a decision will be made regarding the future of the AIT program.

#### **PRECEPTOR ABSENCES**

The preceptor must spend an <u>adequate</u> and <u>reasonable</u> amount of time on the facility premises. As stated previously, weekly meetings between AIT and preceptor are expected. In the event that a preceptor is away from the facility more than 10 consecutive working days, the Board of LTHCA must be notified immediately. If the absence is planned, prior notification is required and the Board of LTHCA will resolve the issue. Cumulative preceptor absences in excess of 25 working days during AIT program, regardless of reason(s), must be reported to the Board of LTHCA and may result in program extension or suspension.

#### **COMPENSATION OF AIT**

The facility in which an AIT is training may compensate the AIT during the internship but is under no obligation to do so. Compensation issues should be discussed and resolved during the initial meeting between AIT and Preceptor, prior to implementing the program. The Board of LTHCA will in no way compensate the AIT for time spent in the AIT training program. Similarly, the facility providing the AIT training will determine the AIT's employment status, whether or not employee benefits are available, and any other employment related issues.

#### **ORIENTATION/FACILITY POLICIES**

It is expected that the facility in which the AIT is training will provide an orientation, the scope of which will be determined by the facility. The orientation session may be conducted one-to-one by the preceptor or other management staff, in a group setting with other new employees, or a combination of the two. Certain aspects should be covered as soon as possible, including a tour of the building(s) and property, introduction to supervisory personnel and other staff, and a general review of the facility policies. When introducing the AIT to facility personnel, the AIT's role and responsibilities should be clarified to the greatest extent possible, so as to facilitate cooperation in staff providing information and encouragement.

The AIT is obligated to comply with facility policies in the same manner as other employees. Therefore, the rules and regulations should be clearly delineated when the AIT initially arrives at the facility. Included should be information regarding the workspace allocated for the AIT, applicable personnel policies such as pre-

employment screenings, confidentiality regulations and emergency procedures. The myriad of organizationspecific topics should be addressed at this time as well.

Any action that would result in termination of an employee, according to facility policies, must also apply to an AIT. The causes for termination must be clearly defined and established in facility regulations, and should be discussed with the AIT during orientation. Termination of an AIT by a preceptor must be reported within 2 working days to the Board of LTHCA.

#### TERMINATION

In addition to the termination process listed above, the Board of LTHCA may terminate both preceptors and AITs from the AIT Program for just cause. Causes for termination include charges of any criminal activity related to the nursing home, preceptors loss of license or failure to renew license, facility's failure to renew license, and any attempt to intentionally misrepresent information to the Board of LTHCA.

In the event an AIT program is terminated by either the preceptor or the Board of LTHCA, the Board will determine if that AIT is eligible to begin a new AIT program with another Preceptor. Additionally, the Board will determine if it is necessary to advise the new preceptor of the AIT's prior termination.

#### SCHEDULE

The AIT program will be conducted between the hours of 7 a.m. and 7 p.m., Monday through Friday, on a regular basis for 8 (eight) hours per day. This does <u>not</u> preclude the AIT from working on weekends, holidays, or during different shifts for special events or unique situations that may arise.

The preceptor may suggest/request the AIT attend after-hours activities while offering the AIT the option of refusing. The Board of LTHCA strongly recommends that AITs attend facility events and activities whenever possible. Any time spent "after hours" at special events should be considered part of the AIT program time and coordinated appropriately by the preceptor and AIT. All preceptor requests for attendance at facility events and AIT responses should be included in the monthly reports to the Board.

During the course of the AIT program, the AIT must not be on-call during non-working hours and should not be expected to work in excess of 40 hours per week. In the event that an AIT does work more than 40 hours per week, the preceptor must determine the compensation for that time or if the excess time will be eliminated from the following week.

#### COMPLIANCE

AITs are expected to comply fully with all work-related requests and assignments from the preceptor or other facility employee(s) responsible for training the AIT. Failure to complete assigned tasks should be noted in the monthly reports and should be discussed during the weekly AIT-Preceptor meeting.

In the event that an assignment conflicts with the personal or religious beliefs of the AIT, the AIT should advise the preceptor of such and the preceptor and AIT are to seek a mutually agreeable resolution. If an agreement cannot be reached, the incident should be immediately reported in writing to the Board of LTHCA and a decision will be made.

#### SITE VISITS

At any time during the AIT Program, a member of the Board of LTHCA may conduct a site visit during regular working hours with prior notice, to monitor the progress of the AIT and the program. Along with Board-

initiated visits, the Preceptor and/or AIT may request additional visits. The report(s) generated by these visits will become part of the permanent file with the Board of LTHCA for both the AIT and the Preceptor.

The frequency of site visits will vary. It is anticipated that 6-month programs will be visited a minimum of one time and 9-month programs a minimum of two visits.

#### EXIT INTERVIEWS

Upon completion of the AIT program, AITs may be requested to meet with one or more members of the Board of LTHCA for an exit interview. These interviews will be requested at random, yet are a requirement for completion of the AIT program for those selected. As with all other reports, the summary of this interview will become part of the permanent file with the Board of LTHCA for both the AIT and the Preceptor.

#### **APPEALS AND GRIEVANCES**

If at any time during the AIT program the AIT or Preceptor is dissatisfied with any decision of the Board of LTHCA, a written request should be submitted to the Board for a personal conference. This conference may be with one or more members of the Board or its designee, or may be in the form of an address to the entire Board of LTHCA. Prior to approval of a meeting with the Board or its designee, every attempt will be made to resolve the issue without full Board intervention.

#### AIT PROGRAM COMPLETION

No AIT program will be considered complete until all reports are received, exit interviews conducted, and other program requirements met. Written notification of successful completion will be sent to the AIT.

Completion of the AIT program does <u>not</u> guarantee approval to take the South Carolina or NAB Nursing Home Administrator License Examinations. Fulfillment of the AIT program requirements permits the AIT to forego the mandatory work experience prior to applying for the exam. Information regarding the application process for both tests will be provided along with the written notification of successful completion of the AIT program.

**AITs are expected to apply for the South Carolina and NAB Nursing Home Administrator License Examinations within one year of completion of the AIT program**. A request for an extension of this time period may be submitted to the Board of LTHCA for hardship cases. Approval of a time extension will be at the discretion of the Board of LTHCA.



South Carolina Department of Labor, Licensing and Regulation **South Carolina Board of Long Term Health Care Administrators** 110 Centerview Dr. • Columbia • SC • 29210 P.O. Box 11329 • Columbia • SC 29211-1329 Phone: 803-896-4544 • <u>Contact.llr@llr.sc.gov</u> • Fax: 803-896-4596 <u>www.llronline.com/POL/LongTermHealthCare/</u>



### NHA ADMINISTRATOR-IN-TRAINING PRECEPTOR APPLICATION

#### **PRECEPTOR REQUIREMENTS:**

- 1. Currently licensed in South Carolina
- 2. Licensed for the previous three years
- 3. No disciplinary sanctions against the license
- 4. Employed as administrator of record in a facility licensed under DHEC regulations

NAME:			
NAME:LAST	FIRST	MIDDLE	
HOME PHONE: ( ) -	BUSIN	VESS PHONE: ()	-
S.C. NURSING HOME ADMINSTRA	TOR'S LICENSE N	IUMBER:	
EMPLOYMENT			
***Begin with current job and work ba	ckward, listing empl	loyment information for the pri	or <u>5</u> years.
FACILITY NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE NUMBER (BUSINESS	HOURS): (	) -	
JOB TITLE:	DATI	ES WORKED FROM:	_TO:
DOES FACILITY ACCEPT MEDICA	RE? DOES FA	ACILITY ACCEPT MEDICAL	D?
COMPANY NAME:			
ADDRESS:	CITY:	STATE:Z	IP:
TELEPHONE NUMBER (BUSINESS	HOURS): (	) -	
JOB TITLE:	DATES WO	ORKED FROM:	ТО:
DOES FACILITY ACCEPT MEDICA	RE? DOES FA	ACILITY ACCEPT MEDICAL	D?

COMPANY NAME:				
ADDRESS:	CITY:	STATE:	ZIP:	
TELEPHONE NUMBER (BUSINESS HOU	RS): ()			
JOB TITLE:	DATES WORKE	ED FROM:	TO:	

DOES FACILITY ACCEPT MEDICARE? \_\_\_\_ DOES FACILITY ACCEPT MEDICAID? \_\_\_\_\_

The facility in which the preceptor is currently employed must be licensed as a nursing home in accordance with S.C. Code of Regulations 61-17 to become an AIT site. The facility must have clearly defined and staffed departments, each with a designated department head. The administrator may <u>not</u> be the designated department head of any department other than administration.

<b>DEPARTMENT</b>	NAME OF DEPARTMENT HEAD
Administration	
Personnel	
Business Office	
Rehabilitation	
Nursing	
Dietary	
Social Services/Admissions	
Activities	
Housekeeping and Laundry	
Maintenance/Environmental Management	
DATE OF LATEST LICENSURE SURVEY:	
DATE OF LATEST CERTIFICATION SURVEY:	

**\*\*\***Attach a copy of the latest <u>licensure</u> and <u>certification</u> surveys and the plans of correction for any deficiencies.

#### **CITIZENSHIP STATUS**

Are you a United States citizen or legal permanent resident eighteen years of age or older? Yes \_\_\_\_ No \_\_\_\_

If you answered no, are you a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States? Yes \_\_\_\_ No \_\_\_\_

#### AFFIDAVIT

I, \_\_\_\_\_\_, am the person described and identified, of good moral character, and the person named in all documents presented in this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial of admission to the Administrator-in-Training Program as a preceptor, under the Board of Long Term Health Care Administrators.

Applicant's Signature	Date
Sworn to and subscribed before me this day	of, 20
Signature of Notary Public	
My Commission Expires	Seal Required Here