18VAC90-25 RO9-1573

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS BOARD OF NURSING Perimeter Center

Perimeter Center 9960 Mayland Drive, Suite 300 Richmond, Virginia 23233-1463

Advanced Certification Nurse Aide Education Program

On-site Review Report

| Nurse Aide Education Program Name:(School/Agency/Institution) | | | | | | | | |
|---|-------------------|------------------|-------------------|------------|--|--|--|--|
| Address: | | | | | | | | |
| Address:(Street |) | (City) | (State) | (Zip Code) | | | | |
| Program Contact Person: | James N | (Title) | (Phone N | 0) | | | | |
| • | Name) | ` ' | (Filone N | 0.) | | | | |
| Person Completing this Repo | rt:(Printed Name) | | (Signature) | | | | | |
| Program Coordinator (must b | e an RN): | | | | | | | |
| /isitor: | Date of Visit: | | Date of Last Vi | sit: | | | | |
| | Summary o | f Factual Data | | | | | | |
| ype of Program: | _ Facility Based | No | on-Facility Based | | | | | |
| Approved Basic Nurse Aide Edu | ucation Program: | Yes | _No | | | | | |
| ength of Program: | | | | | | | | |
| Total Hours; | Classroom Hours | ; Clinical | Hours | _ | | | | |
| Current Student Enrollme | nt: Freque | ncy of Program C | Offering: | | | | | |
| Date of Last Program Offering: | | | | | | | | |

August 2007 1

Instructional Personnel

| Numb | er of Primary Instructors: RNs _ | , | |
|--------|--|---------------------------------------|---|
| Numb | er of Other (Nurse) Instructors: | RNs; LPNs | |
| Numb | er of Resource Personnel: | | |
| | | | |
| | | Clinical Resource(s) Used | |
| Nam | e and Location of Facility(ies) | Most Recent Date of Licensure by VDOH | Title of Agency (Licensed Nursi Home or Medicare/Medicaid Ce Facility/Unit) |
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| | iculum Change: | | |
| | Yes No Are yo | u requesting Board of Nursing app | proval for a curriculum change? |
| If yes | s, please provide the following | : | |
| 1. | A statement explaining the na | ature of the requested change; | |
| 2. | The rationale for the change; | and | |
| 3. | A comparison of the existing curriculum. | pertinent sections of the curriculun | n and the proposed revised |

| RKS *VISITOR'S REMARKS | | | | | | | | | |
|-----------------------------|-------------------------------------|---|--|--|---|--|--|--|---|
| N/A COMMENTS/REMARKS | | - | | | | | | | |
| S NO | | | | | | | | | |
| YES | | | -tio | | | of of | υ | with ion urse | ram |
| REGULATION NUMBERS CRITERIA | 18 VAC 90-25-130 Basic Requirements | A. Approved nurse aide education program. | B. 120 hours, including a minimum of 40 hours of clinical skills instruction in direct client care with on- site supervision by instructional personnel. The ratio shall not exceed 10 students to one instructor. | C. Instructional personnel meet the requirements of 18 VAC 90-25-30. | D. Curriculum meets the requirements of 18 VAC 90-25-140. | E. Individual record of major skills taught and the date of performance by the student. At the completion of the program, the nurse aide must receive a copy of this record and a certificate of completion. | F. Competency evaluation based on the curriculum content required in 18 VAC 90-25-140 and include both a written test on the curriculum and an assessment of manual skills. A record of the graduates' performance shall be maintained for a minimum of three years. | G. Program review shall be conducted concurrently with the on-site review of the basic nurse aide education program. Loss of board approval for the basic nurse aide education program shall automatically result in the loss of approval for the advanced certification program. | When an advanced certification education program closes, the provider shall notify the board of the date of closing and submit a list of all graduates with their date of graduation. |

| REGULATION NUMBERS CRITERIA | YES | NO | N/A | COMMENTS/REMARKS | *VISITOR'S REMARKS |
|---|----------|----|-----|------------------|--------------------|
| 18 VAC 90-25-140.A An advanced certification nurse aide | | | | | |
| education program shall include classroom and clinical | | | | | |
| instruction in the following curriculum: | | | | | |
| • | | | | | 1 |
| Leadership and mentoring skills | | | | | |
| a. Principles of adult learning; | | | | | |
| b. Learning styles; | | | | | |
| c. Evaluation methods to assess learner | | | | | |
| knowledge; | | | | | |
| d. Communication techniques and communication | | | , | • | |
| barriers; emphasizing cultural diversity of co- | | | | | l l |
| workers and clients; | | | | | |
| e. Conflict management; | | | | | |
| f. Precepting and mentoring new certified nurse | | | i | | j |
| aides; | | | | | |
| g. Teamwork; | | | | | |
| h. Contributing to care plan development and | | | | | |
| implementation; | | | ļ | | |
| i. Organizational responsibilities; andj. Principles of documentation. | | | | | |
| j. Philoples of documentation. | | | | | |
| 2. Care of the cognitively impaired client | | | | | |
| a. Signs and symptoms of dementia; | | | | | |
| b. Concepts and techniques for addressing the | | | | | |
| unique needs and behaviors of individuals with | | | | | |
| dementia, including but not limited to, agitation, | | | | | |
| combativeness, sundown syndrome, | <u> </u> | | | | |
| wandering, forgetfulness; | | | | | |
| c. Basic concepts of communication with | | | | | |
| cognitively impaired clients; including | | | 1 | | |
| techniques to reduce the effects of cognitive | | | | | |
| impairment; | | | | | |
| d. Basic concepts of behavior management with | | | | | |
| cognitively impaired clients; and | | | | | |
| e. Recognizing changes in the client's condition | | | | | |
| and reporting and documenting such changes. | } | | | | |
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| 3. Restorative Care a. Anatomy and physiology with emphasis on the effects of aging; b. Pathophysiology of common disorders of the elderly; c. Measures to assist clients with common medical problems; d. Recognizing changes in the client's condition and reporting and documenting such changes; e. Concepts to maintain or improve client mobility and ability to perform activities of daily living; and f. Rehabilitation procedures. 4. Wound Care a. Prevention, identification and treatment of Stage I and Stage II pressure ulcers; b. Positioning; c. Sterile and clean technique; d. Dressing changes; e. Concepts of hydration; f. Nutrition and weight loss; and g. Recognizing changes in the client's condition and reporting and documenting such changes. | REGULATION NUMBERS CRITERIA | YES | NO | N/A | COMMENTS/REMARKS | *VISITOR'S REMARKS |
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