

Oregon NHA

OREGON BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS - SEP 2008

This newsletter has been created by the Oregon Board of Examiners of Nursing Home Administrators (BENHA) to provide an instrument of communication between the Board and Oregon administrators. The Board welcomes your comments and suggestions for information you would like to see published in future newsletters.

The "Oregon NHA" is a quarterly publication of the Oregon Board of Examiners of Nursing Home Administrators. Neither the Board nor the State of Oregon endorse or sponsor the information relating to products or services provided herein. Neither the Board nor its staff are responsible for factual statements or opinions published in this newsletter. The Board reserves the right to refuse or edit all articles submitted.

BOARD MEMBERS

- Anita Schacher, NHA, Chair
- Kathleen Elias, RN, NHA, Vice Chair
- James Bagley, Public Member
- Margaret Clark, Public Member
- Larry Davy, NHA
- Arlene Gardner, Public Member
- George Gerding, R.Ph.
- Ronald Gilson, M.D.
- Rob Hays, NHA

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FROM THE EXECUTIVE DIRECTOR

--Janet Bartel

Greetings,

I hope that you are enjoying the mild weather. My tropical plants aren't quite embracing the cooler weather but at least I don't have to hand water them lately.

It has been a while since the last newsletter and I have a lot to share with you. First, the fee increases that were scheduled for January 1, 2009, are on hold for now. As you know, the Board is in financial stress with a limited license base and increasing inflationary factors. Over the past year, we investigated increasing the license base with AL/RCF administrators and considered consolidation with a similar agency. After consideration of both options, the Board agreed consolidation to be the most practical option at this point. Given this, the Board is looking at transitioning to the Oregon Health Licensing Agency (OHLA) in 2009.

What does this mean for you? I have agreed to stay with the Board until the consolidation is approved by the legislature during the 2009 session. Due to budgetary constraints, I am again forced to reduce my hours to three days a week effective October 1, 2008. I shall strive to meet demands of the job and provide the same level of service that I have provided in past years. I anticipate that you will receive the same level of service with the OHLA as I have provided to you.

No matter what happens in the coming months, I want you to know that it has been an honor working with you and I will always remember the heartfelt and difficult job that you do.

Please visit the board's website at www.oregon.gov/nhabd and complete the customer service survey if you have any comments or concerns to express about the Board's transition to the OHLA.

~Janet

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OREGON PATIENT SAFETY COMMISSION

Update on 2007 Public Health Officer Certification Report

Lewis McCoy, M.B.A., M.A., N.H.A.

Commissioner, Oregon Patient Safety Commission

As you know, the Oregon Patient Safety Commission was created in July 2003 by the Legislature. Its mission is to improve resident/patient safety by reducing the risk of serious adverse events and encouraging a culture of safety in Oregon’s nursing homes, hospitals and ambulatory surgery centers (Oregon Laws 2003 c.686). One way the Commission does this is by running a voluntary and confidential reporting program for adverse events. 103 of Oregon’s 142 nursing homes currently participate.

I’ve been involved with the Commission from the first. To be part of an organization dedicated to improving safety in and between health care institutions remains compelling. The Commission represents a new way of thinking about patient safety, a voluntary approach, a focus on the consumer, and a multi-stakeholder table. It has emerged as a unique and key player in a state that is focusing on improving the health care continuum for all Oregonians.

A distinctive public accountability feature of the Commission’s reporting program is the annual Public Health Officer’s Certification Report. While other states have similar patient safety programs, no other state has anything like this certification process. The Public Health Officer offers an independent assessment on the overall integrity of the reporting program as well as the completeness, thoroughness, credibility and acceptability of each participant’s reporting. In August, the Public Health Officers’ 2007 Certification Report was published. Specific to nursing homes, the report states:

The nursing home reporting program achieved a promising start in their first year. Most of the Commission work in 2007 was focused on recruiting and orientation. The Public Health Officer finds that the overall reporting program integrity is good as illustrated by the solid initial enrollment levels, the very strong reporting program guide, and the quick start on developing relevant best practices to prevent pressure ulcers.

This is a very good start to the reporting program for nursing homes. Each participating nursing home should be commended for its commitment to the success of this program. While the Commission has work ahead, this participation indicates a significant endorsement of the key concept – that the nursing home profession can reduce serious adverse events without the need for additional, and perhaps punitive, regulation.

As we advance, you as Nursing Home Administrators will have many opportunities to work with the Oregon Patient Safety Commission. With the goal of creating the safest health care system in the country by 2010, your participation is essential. For further information and to find out how you can

Continued on page 10

AIT CANDIDATE SEEKS TRAINING OPPORTUNITY

Christopher Offiah

Contact Information

Ph: (214) 515-8021
Siemens051@hotmail.com

Education

- MBA: Healthcare Information & Administration
- BS: Info. System Mgmt.

Experience

- Tech Lead Assistant
- Senior CS Engineer
- IT Technician
- IT Consultant
- IT Specialist
- Network Administrator

“I am an adept team player with integrity respected by my employers. My strong IT experience working in hospitals, home health agencies coupled with a high regard for detail is surely to be demanded by your firm.”

2008 BOARD MEMBER REAPPOINTMENTS

LARRY DAVY, NHA - Administrator Member

Governor Ted Kulongoski has reappointed Larry Davy to a second term on the Board of Examiners of Nursing Home Administrators. Mr. Davy brings 25 years of experience in health care and has held an Oregon Nursing Home Administrator license since July 1, 2002. During his second term, he will continue to promote ethics and a high standard of quality long-term care.

Mr. Davy—a Certified Healthcare Executive since 2004—holds degrees in nursing, religion, and business administration with an emphasis in health care. His clinical, management, and educational experiences have provided a wide range of skills and perspectives. He is presently employed as the President/CEO for Tillamook County General Hospital.

KATHLEEN ELIAS, RN, NHA - Nurse Member

Governor Ted Kulongoski has reappointed Kathleen Elias to a second term on the Board of Examiners of Nursing Home Administrators. Ms. Elias brings 33 years of nursing experience and has held an Oregon Nursing Home Administrator license since August 11, 1997. During her second term, she will continue to focus on knowledge, education, and improving long-term care for the elderly and disabled community.

Ms. Elias holds a degree in nursing from Linfield College. The course of her nursing career has provided a diverse range of nursing experience including acute care and trauma, outpatient recovery, medical, surgical, correctional health, and geriatric nursing. She is presently self-employed as a Nurse Consultant.

Congratulations and thank you for your dedicated service!

2009 BOARD MEETING SCHEDULE

Wednesday

- January 14
- April 8
- July 8
- October 14

Board meetings are open to the public and typically convene at 8:30 a.m. in the Portland State Office Building located at 800 NE Oregon Street in Portland.

PUBLIC MEMBER VACANCY

If you know someone who is interested in serving on a board, please advise them of the Board of Nursing Home Administrators' Public Member vacancy. The Board is currently recruiting for two Public Member positions. A recruitment announcement with the position requirements is posted on the Board's website at www.oregon.gov/nhabd. Once there, click on the *Public Member Vacancy* link under the **Current Topics** section.

Interested persons may contact the board office at (971) 673-0196 or may download an Executive Appointment Interest Form at <http://www.oregon.gov/Gov/boards.shtml>.

ANNUAL PERFORMANCE REPORT POSTED

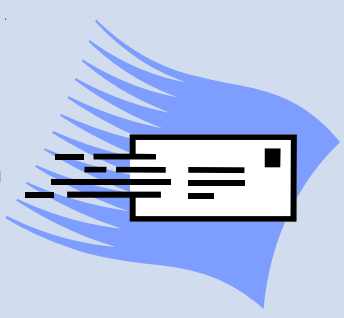
“Performance-based” measurement has become the prefix for almost every possible form of evaluation, from people to information systems. The government is no exception. Today, it pays more than ever to know who our customers are and how well we serve them. Additionally, measuring performance allows us to identify areas for improvement and increased efficiencies. Given that, the Board has established a vigorous set of performance measures based on its mission and goals. Interested persons may view the Board’s 2008 Performance Report at www.oregon.gov/nhabd; once there, click on the “2008 Annual Performance Report” under the **Current Topics** section.

The Board reported on the following measures in FY 2008:

- Administrator-In-Training Satisfaction
- Complaint Review And Response
- Customer Satisfaction
- Board Best Practices

IS YOUR EMAIL ADDRESS UP TO DATE?

To assist the Board in its cost containment efforts, we ask licensees to maintain a current email address with the board office. **We are able to store both your personal and work email address in the database and encourage you to submit both.**



Email communication is the most efficient way to stay in touch with you and to keep you current on Board issues and activities. Please remember to call, fax, or email the board office when you need to update your mail and/or email address.

APPROVED CE ACTIVITIES TABLE

The Board would like to remind you that it posts an *Approved CE Activities* table on the “Continuing Education” page at www.oregon.gov/NHABD/Continuing_Ed.shtml. The table is updated at the beginning of each month and includes approved continuing education activities, credits allowed, category (general/ethics), and pricing and contact information. **If you are looking for an approved local, online, or correspondence activity, this is the resource for you!** Please visit the Board’s website and check out this awesome service to licensees.

OMDA MEMBERSHIP

Oregon Medical Directors Association (OMDA) has reorganized this year and is now separate from Oregon Geriatrics Society. We are a state chapter of the American Medical Directors Association, and we support and function with the same mission and goals as AMDA. A new Board has been formed with the goal of improving care in nursing homes, and advocacy for the Nursing Home Medical Director, and all others that work in Nursing Homes.

Membership is open to all who wish to join the OMDA and is only \$25 annually for this year of reorganization. We plan on a newsletter that focuses on practical information for nursing home issues in Oregon. We particularly encourage Nursing Home Administrators and Medical Directors to join.

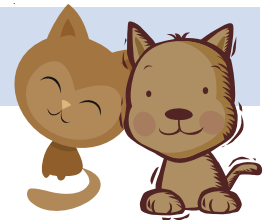
To be added to our membership list, dues should be sent to:
Oregon Medical Directors Association
Oregon State Chapter Dues
Attn: Kris Bieg
11000 Broken Land Parkway,
Suite 400
Columbia, MD 21044

Persons with questions may contact Ron Gilson, M.D., CMD at rgilson@peacehealth.org.

If you have knowledge,
let others light
their candles in it.

~Margaret Fuller

PREPARING YOUR PETS FOR EMERGENCIES



September is National Preparedness Month. While many Americans may not be aware of this or prepared for a catastrophic event, emergency preparedness is essential to the operations of long-term care facilities. Just as you do with facility emergency plans for evacuation and safety of residents if you have animals at home or in your facility, you should plan also for them. Prepare a kit for facility pets and put everything they will need to stay where you are. Animals are a comfort to family members and residents and should accompany them to their destination with adequate supplies. Here is what you should plan for:

Food: Keep at least three days of food in an airtight, waterproof container.

Water: Store at least three days of water specifically for facility pets.

First aid kit: Talk to your veterinarian about what is most appropriate for your pet's emergency medical needs. Include a pet first aid reference book.

Collar with ID tag, harness, or leash: Your pet should wear a collar with its rabies tag and identification at all times. Include a backup leash, collar, and ID tag in your pet's emergency supply kit. In addition, place copies of your pet's registration information or adoption papers, vaccination documents, and medical records in a clean plastic bag or waterproof container. Consider microchipping your pet for identity purposes.

Crate or pet carrier: Your ability to evacuate in an emergency situation will be aided by having a sturdy, comfortable, crate or carrier. The carrier should be large enough for your pet to stand, turn around, and lie down.

Sanitation: Include pet litter and a litter box if appropriate, newspapers, paper towels, plastic trash bags, and household chlorine bleach to provide for your pet's sanitation needs. You can use bleach as a disinfectant (dilute nine parts water to one part bleach), or in an emergency you can also use it to purify water. Use 16 drops of regular household liquid bleach per gallon of water. Do not use scented or color safe bleaches, or those with added cleaners.

A picture of your pet: Keep an updated picture of you pet in case you become separated.

Familiar items: Put favorite toys, treats, or bedding in your kit to reduce stress for your pet.

For more emergency preparedness information go to www.ready.gov.

PRECEPTOR TRAINING

Date: September 30, 2008
Location: OHCA, Tigard, OR
Time: 9:00 a.m. - 4:00 p.m.
Contact: www.ohca.com or call (503) 726-5260

FACILITY CLOSURE

Name: Hillside Residence
 Portland, OR
NHA: Diane Richardson
Effective: 8/22/2008

EEO DEADLINE SEPTEMBER 30

Have you met the EEO-1 reporting requirements? To fill out the 2008 reports, you must resurvey your workforce. The two categories of employers required to submit EEO-1 reports are as follows:

- 1 Employers with federal government contracts of \$50,000 or more and 50 or more employees, and
- 2 Employers without government contracts that have 100 or more employees.

Employers excluded from filing EEO-1 reports include state and local governments, primary and secondary school systems, higher education institutions, and local unions; although, they are required to file similar reports.

Don't forget the reports are due on September 30, 2008.

Interested persons may view EEO-1 information at www.eeoc.gov/eeo1survey/index.html.

EVENTS: SAVE THE DATE

LOCAL

September 25-27
25th Annual Oregon Rural Health Conference

Location: Bend
 Pricing: \$175
 Registration: www.ohsu.edu/oregonruralhealth

October 16
Making Oregon Vital for Elders (MOVE) Tales of Transformation

Location: Salem
 Pricing: \$20-\$75
 Registration: (503) 684-3788

October 17
6th Annual Mental Health and the Elderly Conference

Location: Portland
 Pricing: \$0
 Registration: (503) 359-6962

November 5-7
OASHS Leadership Conference

Location: Welches
 Pricing: varies
 Registration: (503) 684-3788

NATIONAL

October 5-8
AHCA/NCAL Convention 2008

Nashville, TN
 Registration: www.ahcancal.org/events/

October 12-15
AAHSA 2008 Annual Meeting and Exposition

Philadelphia, PA
 Registration: www.aahsa.org/conferences/annual_meeting/

October 17
Pioneer Network 9th National Conference

Little Rock, AR
 Registration: www.PioneerNetwork.net

October 29-31
NAB Mid-Year Meeting

Palm Coast, FL
 Registration: www.nabweb.org

December 12-14
ACHCA 15th Annual Winter Marketplace

Las Vegas, NV
 Registration: www.achca.org

REMINDERS

Regular NHA Licenses Expire June 30, 2009!



All regular NHA licenses will expire June 30, 2009. If you have not already started working on your continuing education (CE) requirement, now would be a good time to start. The following is a breakdown of the CE hours required for Active and Inactive licenses. Initial licenses may vary from these hours since the CE hours for these licenses are prorated.

CE Requirements For License Renewal In 2009

- Active License: 60 hours (55 general hours + 5 ethics hours)
- Inactive License: 30 hours (27 general hours + 3 ethics hours)

The Board has posted several resources to assist you with your CE requirement on the Continuing Education page of its website at www.oregon.gov/nhabd. Please contact the board office at (971) 673-0196 if you have questions or require assistance with meeting your CE requirement.



Free One Hour
 Online Course
“Leadership: The Skills Needed”

Free During AHCA/NCAL 59th Annual Convention and Exposition
 October 5th - 8th, 2008.

Registration: www.ceusite.com

Oregon Celebrates its
 150th Birthday in 2009
 Celebrate with us at
www.oregon150.org

FROM THE DESK OF HR ANSWERS

The Board extends its appreciation to HR Answers, Inc. for the following articles taken from their newsletter Advantage. A special thank you is further extended to Advantage editor Deborah Jeffries, PHR, CPC. Advantage is published monthly and is designed to provide information on regulations, HR practices, and management ideas and concerns. If you are ever in need of HR consulting services, you might want to consider contacting Deborah Jeffries at (503) 885-9815 or toll free (877) 287-4476. You can also view past newsletter publications on HR Answers' website at www.hranswers.com.

NO WAGES OWED BY OREGON EMPLOYERS FOR MISSED BREAKS

Oregon employers received some relief when the Oregon Supreme Court recently ruled that no additional wages are owed to employees who work through rest periods or meal breaks. Despite that relief, employers are still wise to manage employees' meal and break periods, because the potential administrative penalty of \$1,000 per intentional violation still exists. According to the court's decision, the Oregon law requiring that employees receive meal and rest breaks provides only that penalty and does not give employees a right to seek wages for working through those breaks.

Under state requirements, Oregon employers must generally provide paid rest breaks of not less than 10 minutes and an unpaid meal period of not less than 30 minutes based upon the employees' hours worked each day. Absent falling into a specified exception to the requirements, an employee who works the standard 8-hour shift is to receive at least two paid rest breaks of 10 minutes each and one unpaid meal period of 30 minutes.

To effectively manage employees' taking rest and meal breaks that meet the legal requirements, employers should clearly state that rest breaks and meal periods must be taken. The rest breaks should be near the middle of each shift, but can be slightly adjusted based on length of shift and business or operating needs. Once the rest breaks and meal periods are specified as mandatory, it is important that management make sure the breaks are actually taken or consider disciplinary action. The breaks cannot be waived by employees.

The May 15th decision by the Oregon Supreme Court in Gafur v. Legacy Good Samaritan Hospital and Medical Center reversed an earlier state appeals court decision that found that employees could seek unpaid wages if they were not given the required rest and/or meal periods. The Supreme Court found that there was no entitlement provided by the state law for employees to seek individual wages and that the state's Bureau of Labor and Industries (BOLI) did not have the authority to issue rules that provided such a right for employees. Although BOLI does not have this authority, the agency may still seek the administrative penalty of up to \$1,000 for each intentional violation of the rest and meal break requirements and can seek criminal misdemeanor action.

If you have further questions on the Supreme Court's decision, or on implementing or enforcing a proper rest break and meal period policy, please call HR Answers at (503) 885-9815.

A WORD FROM THE WISE™

Tension-Reduced Terminations: Stick to Your Script

No manager or supervisor enjoys dealing with a disciplinary issue with one of their employees, especially when that step of discipline involves termination of employment. The escalating risk and emotion of that final step only increases the tension involved. So, is there a way to reduce the tension and still move forward with a hard but necessary action? There is! The key is to stick to your script!

FYI ONLINE & INFORMED

WHERE HAVE ALL THE GERIATRICIANS GONE?

It is probably no surprise to you that U.S. medical school graduates are choosing specialties other than geriatrics, this according to a study conducted by the University of Cincinnati's Institute for the Study of Health. The Institute has studied training and practice in geriatric medicine for the Association of Directors of Geriatric Academic Programs since 2000.

With fewer medical school graduates entering geriatrics today, there is growing concern on the future supply and quality of physicians who are trained to care for the elderly. Additionally, with the older American population (75 and older) projected to increase significantly by 2050, the ratio of geriatricians to older adults will decrease from its current ratio of approximately 4.7 geriatricians to 1.5 geriatricians per 10,000 Americans.

A majority of today's geriatricians were certified via a practice pathway; however, this is no longer an option. Now, to be certified in geriatrics, medical school graduates must complete a geriatric medicine fellowship program that consists of three years of residency and a year fellowship in geriatrics. The additional costs associated with the geriatric training influence medical student's career choices with fifty-one percent confirming that salary expectations have a moderate or strong influence in their choice of specialty.

Given the average medical school debt of \$138,608 upon graduation in 2007, salary disproportionate to other specialties may also influence medical school graduates in their specialty choice. The 2006 median salary for physicians in private practice for orthopedics was \$425,000, with neurology at \$220,000 and geriatrics at \$161,888.

Interested persons may find more information at www.adgapstudy.uc.edu/Home.cfm.

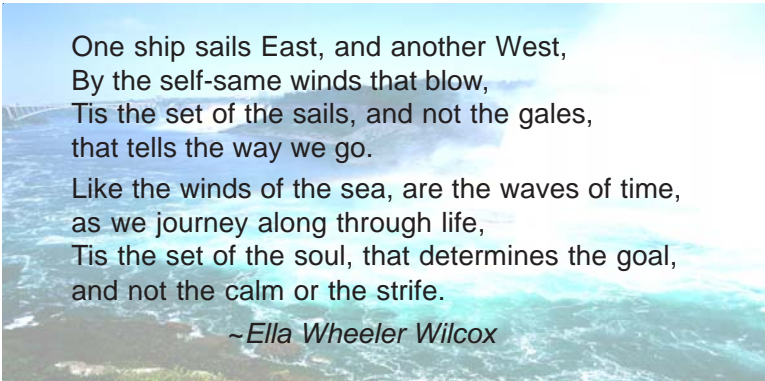
The April 2008 Institute of Medicine report: *Retooling for an Aging America: Building the Health Care Workforce* outlines recommendations for enhanced training, loan forgiveness, and compensation increases for physicians providing geriatric medicine services.

SHINGLES VACCINE RECOMMENDED FOR ELDERLY

The Centers for Disease Control and Prevention (CDC) recommends that people 60 years and older be vaccinated against shingles, or herpes zoster. The single dose vaccine--called Zostavax--is recommended even when there is a prior episode of shingles.

The varicella zoster virus causes childhood chickenpox and lies dormant within the nerves. Later in life, it can resurface as shingles, a disease that can cause severe and potentially chronic pain.

Approximately one in three persons develop shingles. There is an increased risk in the elderly and starting at around 50 with approximately one million shingles cases every year.



One ship sails East, and another West,
By the self-same winds that blow,
Tis the set of the sails, and not the gales,
that tells the way we go.

Like the winds of the sea, are the waves of time,
as we journey along through life,
Tis the set of the soul, that determines the goal,
and not the calm or the strife.

~Ella Wheeler Wilcox

BOARD ACTION

NAME: Glyndon Kimbrough
ACTION: \$100 Civil Penalty
DATE: 5/22/2008
VIOLATION: Practicing with a lapsed license

JUST FOR FUN

THE COST OF A MIRACLE

A little girl went to her bedroom and pulled a glass jelly jar from its hiding place in the closet.

She poured the change out on the floor and counted it carefully. Three times, even. The total had to be exactly perfect. No chance here for mistakes.

Carefully placing the coins back in the jar and twisting on the cap, she slipped out the back door and made her way 6 blocks to Rexall's Drug Store with the big red Indian Chief sign above the door.

She waited patiently for the pharmacist to give her some attention, but he was too busy at this moment. Tess twisted her feet to make a scuffing noise. Nothing. She cleared her throat with the most disgusting sound she could muster. No good. Finally she took a quarter from her jar and banged it on the glass counter. That did it!

"And what do you want?" The pharmacist asked in an annoyed tone of voice. "I'm talking to my brother from Chicago whom I haven't seen in ages," he said without waiting for a reply to his question.

"Well, I want to talk to you about my brother," Tess answered back in the same annoyed tone. "He's really, really sick, and I want to buy a miracle."

"I beg your pardon?" said the pharmacist.

"His name is Andrew and he has something bad growing inside his head and my Daddy says only a miracle can save him now. So how much does a miracle cost?"

"We don't sell miracles here, little girl; I'm sorry but I can't help you," the pharmacist said, softening a little.

"Listen, I have the money to pay for it. If it isn't enough, I will get the rest. Just tell me how much it costs."

The pharmacist's brother was a well dressed man. He stooped down and asked the little girl, "What kind of a miracle does your brother need?"

"I don't know," Tess replied with her eyes welling up. "I just know he's really sick and Mommy says he needs an operation, but my Daddy can't pay for it, so I want to use my money."

"How much do you have?" asked the man from Chicago.

"One dollar and eleven cents," Tess answered barely audible.

"And it's all the money I have, but I can get some more if I need to."

**GOT DISCIPLINE?**

A school teacher injured his back and had to wear a plaster cast around the upper part of his body. It fit under his shirt and was not noticeable at all. On the first day of the term, still with the cast under his shirt, he found himself assigned to the toughest students in school.

Walking confidently into the rowdy classroom, he opened the window as wide as possible and then busied himself with desk work. The classroom became a bit unruly and he admonished them. This happened several times.

When he could do work at his desk, the strong breeze from the window made his tie flap annoyingly. He kept rearranging and rearranging the tie as the class raised it's level of unruliness.

Finally, becoming disgusted with the wayward tie, he stood up and took a big stapler off his desk and stapled the tie to his chest in several places.

Discipline was not a problem from that day forth.



OR Patient Safety Commission Continued from page 2

become more involved, please contact Amy Gryziec, Nursing Home Field Coordinator, at (503) 227 2632. To view the entire PHO Certification Report, please go to: <http://www.oregon.gov/DHS/ph/hsp/patientsafety/patientsafety.shtml>.

HR ANSWERS Continued from page 7

A script is more than a simple checklist of steps that must be followed to successfully achieve your goal. A script actually specifies what you want to precisely say and how you want to say it. A script doesn't have to include each word you want to convey, but should include the key terms and components of your message—this allows you to then focus on taking the necessary action in a focused and objective manner.

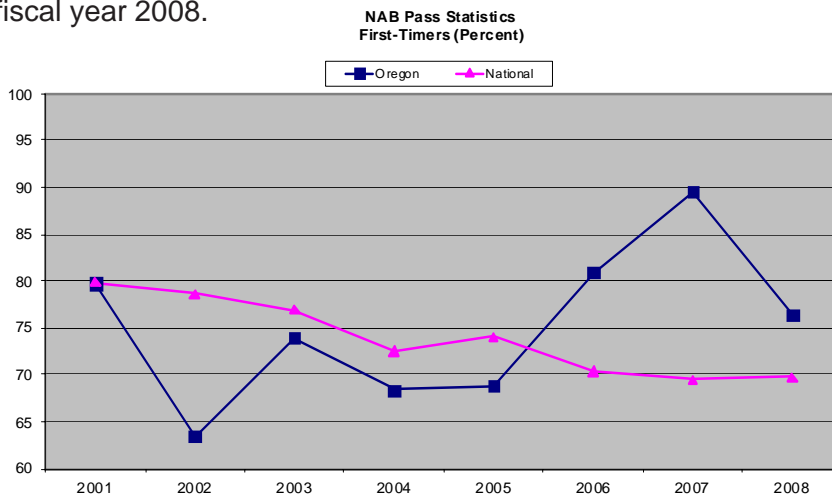
So, how does a termination script look? It includes several key components that allow you to focus and stay on track:

- 1 A specific basis for taking the final step of discipline. Choose the precise word or wording that most accurately and safely fits the misconduct. For example, don't use the term "theft"; instead, the term is "unauthorized removal of property." If a particular employment policy is involved, be consistent with that policy.
- 2 A short summary of related, previous discipline. Tie the discipline together if appropriate. For example, the prior misconduct might all be "performance related."
- 3 A reminder to keep the discussion objective and not personal. Focus on the action involved, not the person. For example, "you were tardy" is factual, but "you were irresponsible by being late" adds an unnecessary and personal-related conclusion. Avoid that! Keeping the terminology job-related and not personal also reduces implications of discrimination. To best accomplish this, script out the specific wording that you want to use in conveying your decision and action.
- 4 A list of the steps involved in the termination. This procedural checklist allows you to tell the employee what will be happening. The checklist also reminds you to make sure proper documentation is compiled, the final paycheck is ready, company property is returned, and company security is maintained. For example, if there's a concern about confidential company information being accessed by the employee, make sure security measures are put in place prior to the actual termination meeting.
- 5 Address common employee concerns involving communications by telling the employee what the organization will tell co-workers and what will be communicated should a prospective employer call – that is, a reference check.
- 6 A list of any questions you want to ask or you will allow the employee to ask. If you've made the decision to terminate the employee, it is still good to get their initial response, but you will also want to limit that response and not get into debate on your decision. Do not be drawn into defending your decision— simply communicate your message at that point.
- 7 Finally, a written reminder to stay on focus, communicate your message, and keep the meeting brief. The advantage of having that reminder in front of you in writing is that you are less likely to be drawn into argument or distraction. If the employee gets emotional or argumentative, you then can refer to your script and keep the meeting on focus.

While other specific actions or steps might be involved in the termination process, scripting out these key components will allow you to focus in an objective and calm manner. How long does it take to actually script out your termination meeting? Not long at all, and it is well worth that time and effort to not only reduce some of the stress of a termination meeting, but also to increase your success in carrying out this tough but necessary action. HR Answers provides a comprehensive training program that teaches managers and supervisors how to successfully develop, implement, and then enforce their work performance standards and expectations. Not only will the training increase confidence and reduce tension but the positive impact on your workforce increases your opportunity to achieve your job performance goals.

OREGON NAB EXAMINATION RESULTS

Oregon NHA examination candidates realized a 13 percent drop in the number of successful first-time examinations during fiscal year 2008. Oregon exam candidates achieved an 89.5 percent pass ratio in fiscal year 2007 compared to a 76.5 pass ratio in fiscal year 2008. Nationally, NHA examination candidates realized a .2 percent increase from 69.5 percent in fiscal year 2007 to 69.7 percent in fiscal year 2008.



SUBSTANTIAL COMPLIANCE SURVEY

The Board acknowledges the administrator and staff of the following facility for achieving a deficiency-free survey.

Congratulations on your success!

Mennonite Home
 Rob Hays, NHA
 Albany, OR
 Ph: (503) 288-5967

➤ *Substantial compliance survey 2007 and 2008*



JUST FOR FUN Cont. from page 9

“Well, what a coincidence,” smiled the man. “A dollar and eleven cents—the exact price of a miracle for little brothers. “ He took her money in one hand and with the other hand he grasped her mitten and said “Take me to where you live. I want to see your brother and meet your parents. Let’s see if I have the miracle you need.”

That well dressed man was a surgeon, specializing in neuro-surgery. The operation was completed free of charge and it wasn’t long until Andrew was home again and doing well.

Mom and Dad were happily talking about the chain of events that had led them to this place.

“That surgery,” her Mom whispered “was a real miracle. I wonder how much it would have cost?”

Tess smiled. She knew exactly how much a miracle cost...one dollar and eleven cents...plus the faith of a little child.

In the middle of every difficulty lies opportunity.
 ~Albert Einstein

INVESTIGATIONS IN LONG-TERM CARE FACILITIES

A Complete Step-by-Step Program for Conducting Successful Internal Investigations

- Guides you through the four phases of the investigation process
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Price: \$159.00

Publication available at <http://www.vendomegrp.com/ndex.asp?PageAction=VIEWPROD&ProdID=5949>.

AIT PROGRAMS COMPLETED



The Board congratulates the following individuals who have successfully completed their AIT program.

January 2008

Duane **Connor**, Hood River Care Center
 Nathan **Garber**, Rose Haven Nursing Center
 Nai **Saefong**, Oakwood Country Place
 Sharon **Van Eaton**, Rogue Valley Manor
 Caitlin **VanDerSchaaf**, Mary's Woods at Marylhurst
 George **Wheeler**, Rogue Valley Manor

April 2008

Jennifer **Hagen**, Marquis Care at Wilsonville
 Richard **Horsford**, Robison Jewish Health Center
 Jennifer **Luria**, Hillside Heights Rehabilitation
 Eric **Murk**, Camelot Care Facility

April 2008 (continued)

Chris **Newport**, Dalles Retirement Village
 Kasey **Wright**, Avamere Rehabilitation of Eugene

July 2008

Eileen **Beaudine**, Robison Jewish Health Center
 Anne **Haddock**, Glisan Care Center
 Jessica **Lacasella**, Rogue Valley Manor
 Cole **Mack**, Avamere Court at Kaiser
 Joshua **Roberts**, Hillside Senior Services
 Bryon **Schiffer**, Rogue Valley Manor
 Erin **Taylor**, Marquis Care at Centennial

NHA LICENSES ISSUED

January 2008 to August 2008

<u>NAME</u>	<u>ISSUED</u>	<u>LICENSED BY</u>
• Eileen E. Beaudine	08/14/2008	Exam
• Dalynn E. Campbell	03/06/2008	Exam
• Duane D. Connor	05/23/2008	Exam
• Donald L. Criger	07/01/2008	Endorsement
• Nancy J. Driver	04/14/2008	Endorsement
• Benjamin J. Garber	05/29/2008	Exam
• William J. Gould	03/28/2008	Endorsement
• Peggy M. Grundren	03/06/2008	Endorsement
• Steve E. Hamilton	03/06/2008	Endorsement
• George L. Head	02/07/2008	Exam
• Richard A. Horsford	08/25/2008	Exam
• Glyndon R. Kimbrough	08/11/2008	Endorsement
• Kenneth G. Landau	02/15/2008	Exam
• Jennifer Luria	07/07/2008	Exam
• Kathryn E. Mullikin	08/01/2008	Endorsement
• Eric D. Murk	08/22/2008	Exam
• Christopher B. Newport	06/04/2008	Exam
• Michael G. Quayle	04/17/2008	Exam
• Jason L. Robinson	07/18/2008	Exam
• Nai C. Saefong	04/17/2008	Exam
• Erin C. Taylor	08/19/2008	Exam
• Keith R. Titus	05/23/2008	Endorsement
• Sharon M. Van Eaton	05/29/2008	Exam
• Brooke A. Vogel	08/28/2008	Endorsement
• Heather M. Williamson	07/01/2008	Exam
• George E. Winn	01/14/2008	Lic. Without Exam



WHERE ARE THEY NOW?

Persons interested in facility administrator changes are directed to the Board's website. At the beginning of each month, the Board posts an updated list of Oregon nursing facilities that is sorted by county. The list provides facility information and identifies the facility administrator of record. Interested persons may view the *Oregon Nursing Home Facilities* list at: www.oregon.gov/NHABD/docs/AIT/NH_Facilities_Co.pdf

Please Help the Board Maintain a Current List of Administrators by Notifying the Board of Your Employment Changes!

OREGON BOARD OF EXAMINERS OF NURSING HOME
ADMINISTRATORS
800 NE OREGON STREET, SUITE 407
PORTLAND, OR 97232

PH: (971) 673-0196

FAX: (971) 673-0226




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Moving? Change In Employment Or Employment Status?
**Please notify the Board of any changes
in address or employment status.**

NEXT QUARTERLY BOARD MEETING

■ **October 8, 2008**

Meetings convene at 8:30 a.m. in room
445 at 800 NE Oregon Street in Portland.

BOARD CONTACT INFORMATION

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Ste. 407, Portland, OR 97232

TEL: 971-673-0196

FAX: 971-673-0226

WEBSITE : www.oregon.gov/nhabd

EMAIL: NHABD.info@state.or.us