

DIVISION 1

PROCEDURAL RULES

853-001-0000	Notice of Proposed Rule
853-001-0005	Model Rules of Procedure
853-001-0020	Time for Requesting a Contested Case Hearing
853-001-0025	Filing Exceptions and Argument to the Board
853-001-0030	Petition for Reconsideration or Rehearing As Condition for Judicial Review

DIVISION 10

NURSING HOME ADMINISTRATORS

853-010-0010	Definitions
853-010-0015	Application for Examination and Licensure
853-010-0017	Application for Licensure Under ORS 678.730(4)
853-010-0020	Examination
853-010-0025	Licensure
853-010-0035	Provisional Licenses — Application and Issuance
853-010-0040	Renewal of Licenses
853-010-0045	Posting of License
853-010-0050	Continuing Education
853-010-0055	Relicensing
853-010-0060	Registration of Trainees and Supervising Preceptors
853-010-0065	Standards for Nursing Home Administrators
853-010-0070	Filing of Complaints with the Board
853-010-0074	Unprofessional Conduct
853-010-0075	Grounds for License Denial or Revocation
853-010-0076	Philosophy Governing Voluntary Substance Abuse Treatment Programs
853-010-0077	Definitions
853-010-0078	Admission to Approved Substance Abuse Treatment Program
853-010-0079	Conditions of Participation in Substance Abuse Treatment Program
853-010-0080	Restoration and Reinstatement of Licenses

DIVISION 1

PROCEDURAL RULES

853-001-0000

Notice of Proposed Rule

Prior to the adoption, amendment, or repeal of any rule, the State Board of Examiners of Nursing Home Administrators shall give notice of the intended action:

(1) In the Secretary of State's Bulletin referred to in ORS 183.360 at least (21) days before the effective date of the rule.

(2) By mailing a copy of the Notice to persons on the State Board of Examiners of Nursing Home Administrators' mailing list established pursuant to ORS 183.335(7) at least (28) days before the effective date of the rule; and

(3) By mailing a copy of the Notice to the following persons, organizations, or publications:

(a) All individuals currently licensed by the State Board of Examiners of Nursing Home Administrators;

(b) All nursing homes currently licensed by the Senior and Disabled Services Division of the Department of Human Resources;

(c) Associated Press; and

(d) Capitol Press Room.

Stat. Auth.: ORS 183 & 678

Stats. Implemented: ORS 183 & 678

Hist.: NHA 3-1978, f. & ef. 2-27-78; NHA 3-1990, f. & cert. ef. 12-21-90; NHA 1-1995, f. & cert. ef. 4-19-95

853-001-0005

Model Rules of Procedure

The following Model Rules of Procedure promulgated by the Attorney General of the State of Oregon in effect on March 27, 2000 are adopted by the Board by reference. These rules apply to rule-making and to the conduct of contested cases, respectively:

(1) OAR 137-001-0005; 137-001-0007; 137-001-0008; 137-001-0009; 137-001-0011; 137-001-0018; 137-001-0030; 137-001-0040; 137-001-0050; 137-001-0060; 137-001-0070; 137-001-0080 and 137-001-0085.

(2) OAR 137-003-0501 to 137-003-0700.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or the Board of Examiners of Nursing Home Administrators.]

Stat. Auth.: ORS 183 & 678.820

Stats. Implemented: ORS 183 & 678

Hist.: NHA 2(Temp), f. & ef. 11-9-71; NHA 3, f. 1-5-72, ef. 1-15-72; Renumbered from 853-010-0005; NHA 2-1978(Temp), f. & ef. 2-27-78; NHA 5-1978, f. & ef. 11-3-78; NHA 1-1981, f. & ef. 12-11-81; NHA 1-1985, f. & ef. 1-15-85; NHA 1-1986, f. & ef. 6-6-86; NHA 2-1988, f. & cert. ef. 7-8-88; NHA 3-1990, f. & cert. ef. 12-21-90; NHA 1-1992, f. & cert. ef. 3-27-92; NHA 3-1994, f. & cert. ef. 12-5-94; BENHA 1-1998, f. & cert. ef. 5-5-98; BENHA 3-2000, f. & cert. ef. 10-11-00

853-001-0020

Time for Requesting a Contested Case Hearing

A request for a contested case hearing must be in writing and must be received by the Board within twenty-one (21) days from the date the contested case notice was served.

Stat. Auth.: ORS 678.829(9)

Stats. Implemented: ORS 678.820(9)

Hist.: BENHA 3-2000, f. & cert. ef. 10-11-00

853-001-0025

Filing Exceptions and Argument to the Board

After a proposed order has been served on a party, the Board shall notify the party when written exceptions must be filed to be considered by the Board and the Board shall notify the party when the party may appear before the Board to present argument regarding the proposed order.

Stat. Auth.: ORS 678.829(9)

Stats. Implemented: ORS 678.820(9)

Hist.: BENHA 3-2000, f. & cert. ef. 10-11-00

853-001-0030

Petition for Reconsideration or Rehearing As Condition for Judicial Review

All parties, including limited parties, must file a petition for reconsideration or rehearing with the Board as a condition for obtaining judicial review of any order of the Board.

Stat. Auth.: ORS 678.829(9)

Stats. Implemented: ORS 678.820(9)

Hist.: BENHA 3-2000, f. & cert. ef. 10-11-00

DIVISION 10

NURSING HOME ADMINISTRATORS

853-010-0010

Definitions

(1) "Board" means the Board of Examiners of Nursing Home Administrators.

(2) "Continuing Education" means post-licensure education in health care administration undertaken to maintain professional competency to practice nursing home administration, improve administration skills and effect standards of excellence in the interest of safety, health and welfare of the people served.

(3) "Experience" means prior performance in administration, including planning, organizing, directing, staffing, and budgeting of a licensed long-term care facility.

(4) "Licensee" means a person who is issued a nursing home administrator license upon making application and meeting training, experience, and education requirements; or a person who is issued a provisional license.

(5) “Long-Term Care Facility” means a licensed facility as defined in ORS 441.005.

(6) “Nursing Home Administrator” means an individual responsible for planning, organizing, directing, and controlling the operation of a nursing home.

(7) “One Year” when related to employment means a period equivalent to 40 hours a week for 48 weeks.

(8) “Trainee”; “Administrator-in-Training”; or “AIT” means a person who is completing the training requirements leading to licensure as a nursing home administrator.

(9) “Experience in health care management” means experience in administration, planning, organizing, directing, staffing and budgeting of a licensed health care facility.

Stat. Auth.: ORS 678

Stats. Implemented: ORS 678.710, 678.730, 678.760, 678.780 & 678.820

Hist.: NHA 1(Temp), f. & ef. 9-29-71; NHA 4, f. 1-5-72, ef. 1-28-72; NHA 8, f. 2-6-74, ef. 2-25-74; NHA 9(Temp), f. & ef. 3-6-75; NHA 10, f. 7-3-75, ef. 7-25-75; NHA 1-1982, f. 12-15-82, ef. 1-1-83; NHA 1-1989, f. & cert. ef. 2-15-89; NHA 1-1996, f. & cert. ef. 7-31-96; BENHA 1-2003, f. & cert. ef. 11-12-03; BENHA 1-2006, f. & cert. ef. 7-14-06

853-010-0015

Application for Examination and Licensure

(1) An applicant for the nursing home administrator examination shall:

(a) Apply to the Board on a form approved by the Board;

(b) Submit the required \$125 examination fee or \$300 reciprocity fee.

(2) Any individual is qualified for licensure as a nursing home administrator who:

(a) Is of good moral character;

(b) Is in good physical and mental health;

(c) Has a baccalaureate degree or higher from an accredited school of higher education. The educational requirement will not apply to any person who was a licensed administrator in any jurisdiction of the United States prior to January 1, 1983; or to any person who meets the training, experience, and other standards in a supervised internship.

(d) In lieu of any residency or intern requirement, the Board shall accept one year of experience as a hospital administrator, chief operating officer, president, vice president, or administrative director who is responsible for the operation of a nursing facility physically attached to a hospital.

(3) An applicant for examination who has been convicted of a felony by any court in this state, or by any court of the United States shall not be permitted to take the examination provided herein, unless the applicant first files with the Board a parole termination certificate and restoration of forfeited rights of citizenship issued by the Board of Parole and Post-Prison Supervision, or in the case of a conviction in any jurisdiction, wherein the laws do not provide for the issuance of a parole termination certificate, an equivalent written statement or document.

(4) At the discretion of the Board an applicant for licensure by endorsement may be personally interviewed by the Board. An applicant for endorsement who has not worked as an administrator of a nursing facility for a minimum of six months within five years of the application for endorsement to Oregon, shall be interviewed by the Board.

(5) An application for endorsement from an individual who is certified by the American College of Health Care Administrators and who meets the education requirement in 853-010-0015(2)(c) may be approved for the state examination by the Executive Officer of the Board.

(6) Administrators-in-Training shall be personally interviewed by the Board prior to examination.

(7) An Administrator-in-Training applicant may be disqualified from taking the examination. Reasons for disqualification from taking the examination includes but is not limited to the following:

(a) Failure to graduate from an accredited university except as stated in paragraph (2)(c) of this rule.

(b) Failure to submit application and fee by deadline date.

(c) Failure to submit college transcript and reference letters.

(d) Applicant does not demonstrate adequate training.

(e) Preceptor does not recommend that applicant take the examination.

(f) Failure to appear for personal interview unless excused with good reason by an authorized representative of the Board.

(8) An Administrator-in-Training applicant for licensure who has been disqualified shall be given written notification by the Board of applicant's disqualification and the reasons therefore and of the right to a hearing:

(a) An applicant for licensure who has been disqualified, may petition the Board in writing within 30 days of notification of disqualification for a hearing and an application review.

(b) When an applicant for licensure has been disqualified, the applicant may submit a new application to qualify for licensure; however, the applicant shall be required to meet the requirements for licensure as shall be in force at the time of such re-examination.

(9) An applicant shall be deemed to have abandoned the application if the applicant does not take such examination within 180 days after Board approval to take such examination.

(10) An application submitted subsequent to the abandonment of a former application shall be treated as a new application and the rules in force at the time of such new application shall apply.

Stat. Auth.: ORS 678.740(1), 678.760(1), 678.760(2), 678.760(3), 678.770(2) & 678.775

Stats. Implemented: ORS 678.740(1), 678.760(1), 678.760(2), 678.760(3), 678.770(2) & 678.775

Hist.: NHA(Temp), f. & ef. 9-29-71; NHA 4, f. 1-5-72, ef. 1-28-72; NHA 8, f. 2-6-74, ef. 2-25-74; NHA 1-1978, f. & ef. 1-31-78; NHA 4-1978, f. & ef. 8-29-78; NHA 1-1982, f. 12-15-82, ef. 1-1-83; NHA 1-1983, f. & ef. 3-17-83; NHA 1-1989, f. & cert. ef. 2-15-89; NHA 1-1991, f. & cert. ef. 5-3-91; NHA 1-1993(Temp), f. 6-30-93, cert. ef. 10-1-93; NHA 5-1993, f. 10-15-93, cert. ef. 11-4-93; NHA 1-1994, f. & cert. ef. 1-26-94; NHA 2-1996, f. & cert. ef. 7-31-96; BENHA 1-1999, f. & cert. ef. 2-25-99; BENHA 2-2001, f. & cert. ef. 8-10-01; BENHA 1-2002, f. 1-31-02, cert. ef. 2-1-02; BENHA 1-2006, f. & cert. ef. 7-14-06

853-010-0017

Application for Licensure Under ORS 678.730(4)

(1) A health care administrator is deemed to meet requirements for licensure as a nursing home administrator without examination who:

(a) Has a request for licensure authorized by the hospital governing body;

(b) Has a postgraduate degree in management from an accredited school of higher education;

(c) Has at least ten years of experience in health care management as defined in OAR 853-010-0010(12).

(2) An applicant for a nursing home administrator license under ORS 678.730(4) shall:

(a) Apply to the Board on a form approved by the Board;

(b) Submit the required license fee;

(c) Attach a letter of request from the chairperson of the governing body of the health care facility.

(d) Attach proof of completion of a postgraduate management degree;

(e) Attach résumé of at least ten years of work history as a health care manager.

(3) A license issued to an individual shall be only for the facility for which the governing body made the request and shall not be portable.

Stat. Auth.: ORS 678.820

Stats. Implemented: ORS 678.730(4)

Hist.: NHA 1-1996, f. & cert. ef. 7-31-96

853-010-0020

Examination

(1) One part of the examination for nursing home administrators shall be the one developed and provided by the National Association of Boards of Examiners for Nursing Home Administrators. The minimum passing score for the examination shall be 113.

(2) For reciprocity purposes, the Board shall accept a passing grade as established by the Board from persons taking the examination developed by the National Association of Boards of Examiners for Nursing Home Administrators, Inc. or the Professional Examination Service. The passing grades are as follows:

(a) September 29, 1971 to June 5, 1973 — 1.5 Standard Deviation on a curve established by the Professional Examination Service;

(b) June 6, 1973 to March 16, 1983 — 105;

(c) March 17, 1983 to present — 113.

(3) Individuals who are currently licensed in another state in which the requirements for licensure of nursing home administrators are not less than those required in Oregon, are exempt from taking this part of the examination.

(4) In addition to the examination in section (1) of this rule and as the sole examination for out-of-state licensed individuals exempt under section (3) of this rule, the Board shall administer a written examination which shall demonstrate an applicant's proficiency in the practice and knowledge of applicable rules of health and safety with the state. The minimum passing score shall be 84 percent.

(5) Examinations for initial licensure as a nursing home administrator shall be conducted at least once a year or as often as necessary, as determined by the Board.

(6) Examinations will be administered only to applicants who have applied 30 days or more in advance of the date of examination.

(7) Failure to pass either portion of the written examination shall not preclude the applicant from applying for re-examination of either or both portions at any subsequent regular examination conducted by the Board. A retake fee for the NAB examination only shall be determined by the National Association of Boards of Examiners for Long-Term Care Administrators, Inc. payable to the NAB. A retake of the state examination only shall be \$125.

(8) An applicant must complete successfully the licensure examination within one calendar year from the time of notification of failure to pass the original examination.

(9) After failing the examination developed by the National Association of Boards of Examiners for Nursing Home Administrators, the applicant may request and shall be permitted to examine the Master Copy of the examination and the answer sheet completed by the examinee:

(a) Upon receipt of the required fee payable to the examination service, the Board shall request a Master Copy of the examination and the answer sheet;

(b) The Board will ensure the security of the examination prior to and during review of the examination. The examination will be returned to the examination service immediately following review by the applicant.

Stat. Auth.: ORS 678.740(1), 678.760(1), (2) & (3), 678.770(2) & 678.775

Stats. Implemented: ORS 678.740(1), 678.760(1), (2) & (3), 678.770(2) & 678.775

Hist.: NHA 1(Temp), f. & ef. 9-29-71; NHA 4, f. 1-5-72, ef. 1-28-72; NHA 5(Temp), f. & ef. 6-6-73; NHA 6, f. 9-21-73, ef. 10-1-73; NHA 8, f. 2-6-74, ef. 2-25-74; NHA 1-1983, f. & ef. 3-17-83; NHA 1-1989, f. & cert. ef. 2-15-89; NHA 1-1993(Temp), f. 6-30-93, cert. ef. 10-1-93; NHA 3-1993(Temp), f. 7-14-93, cert. ef. 8-1-93; NHA 4-1993, f. & cert. ef. 10-15-93; NHA 5-1993, f. 10-15-93, cert. ef. 11-4-93; BENHA 2-2001, f. & cert. ef. 8-10-01; BENHA 1-2002, f. 1-31-02, cert. ef. 2-1-02

853-010-0025

Licensure

(1) Licenses shall be issued to persons successfully passing the required examinations upon receipt of an application for licensure on a form approved by the Board and the required \$250 license fee. Initial licenses may be pro-rated according to date of licensure. An initial license shall be applied for within six months of receiving examination results.

(2) Applicants for licensure are required to provide Social Security numbers as required by ORS 215.785, 305, 385, 42 USC § 405(c)(2)(i), and 42 USC § 666(a)(13) for child support enforcement purposes and Department of Revenue purposes. Upon completion of a "Voluntary Consent to Disclosure of Social Security Number" form, a licensee's Social Security number will be provided to the Oregon Student Assistance Commission upon the agency's request.

(3) Each nursing home administrator shall keep on file with the Board his or her name, home address, and telephone number, and the name, address, and telephone number of any nursing home which he or she is administering, and, if he or she is administering no nursing home, a statement to this effect. Whenever any of the information

required in this section changes, the nursing home administrator shall immediately notify the Board.

(4) At the Board's discretion, licensees of the Board may be required to appear before the Board.

(5) Verification of licensure forms for licensure in another state will be completed for a fee of \$25.

Stat. Auth.: ORS 678.740(1), 678.760(1), (2) & (3), 678.770(2) & 678.775

Stats. Implemented: ORS 678.740(1), 678.760(1), (2) & (3), 678.770(2) & 678.775

Hist.: NHA 1(Temp), f. & ef. 9-29-71; NHA 4, f. 1-5-72, ef. 1-28-72; NHA 1-1983, f. & ef. 3-17-83; NHA 1-1989, f. & cert. ef. 2-15-89; NHA 1-1991, f. & cert. ef. 5-3-91; NHA 1-1993(Temp), f. 6-30-93, cert. ef. 10-1-93; NHA 5-1993, f. 10-15-93, cert. ef. 11-4-93; NHA 2-1994, f. & cert. ef. 7-14-94; NHA 1-1995, f. & cert. ef. 4-19-95; BENHA 1-2001, f. & cert. ef. 3-22-01; BENHA 1-2002, f. 1-31-02, cert. ef. 2-1-02

853-010-0035

Provisional Licenses — Application and Issuance

(1) Whenever a bona fide emergency exists such as, but not limited to, the death, incapacitation, or unexpected resignation of a licensed nursing home administrator and the nursing home which such person was administering is unable to employ a regularly licensed nursing home administrator, the long-term care facility may be administered by a provisionally licensed nursing home administrator until a licensed nursing home administrator can be employed, but not to exceed 200 days. An application for a provisional license shall state the applicant's qualifications, the circumstances creating the need for a provisional license, and said application shall be verified by the applicant and the owner or manager of the nursing home.

(2) Persons applying for a provisional license or renewal of a provisional license shall:

(a) Submit an application on a form approved by the Board;

(b) Submit a fee of \$300.

(c) Have worked in the long term health care field either as an assistant administrator or director of nursing services whose job description reflects duties or responsibilities in an administrative capacity;

(d) Meet qualifications in OAR 853-010-0015.

(3) Provisional licenses will be issued by the Board if the Board approves of the applicant's qualifications and determines that the nursing home requires the services of an acting licensed administrator through no fault of its own.

(4) Provisional licenses will permit the holder to practice only at the nursing home to which the license applies until a regularly licensed nursing home administrator can be employed, but for a period not to exceed 100 days initially.

(5) Provisional licenses may be renewed at the discretion of the Board not to exceed 100 days for one renewal. The period of initial licensure and renewal shall not exceed 200 days.

(6) Provisional licenses may be denied or revoked in accordance with ORS 678.780, 678.820, and 183.310 to 183.500, including a failure to meet conditions of this section or the availability for employment of a regularly licensed nursing home administrator to administer the nursing home to which the provisional license applies.

Stat. Auth.: ORS 678.740(1), 678.760(1), (2) & (3), 678.770(2) & 678.775

Stats. Implemented: ORS 678.740(1), 678.760(1), (2) & (3), 678.770(2) & 678.775

Hist.: NHA 4, f. 1-5-72, ef. 1-28-72; NHA 7(Temp), f. & ef. 10-29-73; NHA 8, f. 2-6-74, ef. 2-25-74; NHA 11, f. 7-3-75, ef. 7-25-75; NHA 1-1983, f. & ef. 3-17-83; NHA 1-1989, f. & cert. ef. 2-15-89; NHA 1-1993(Temp), f. 6-30-93, cert. ef. 10-1-93; NHA 5-1993, f. 10-15-93, cert. ef. 11-4-93; NHA 2-1994, f. & cert. ef. 7-14-94; BENHA 1-2002, f. 1-31-02, cert. ef. 2-1-02

853-010-0040

Renewal of Licenses

(1) Nursing home administrators' licenses will expire on June 30th following date of issue and shall be renewed by applying to the Board, remitting a \$100 fee. For renewal licenses effective July 1, 2001 and thereafter, upon payment of a fee of \$400 the Board shall issue a license effective for two years are met and the licensee is employed as a nursing home administrator in Oregon. For renewal licenses effective July 1, 2001 and thereafter, upon payment of \$300 the Board shall issue a license effective for two years provided the

continuing education requirements are met and the licensee is not employed as a nursing home administrator in Oregon.

(2) A licensee who is not employed at the time of renewal who works six months or more as a nursing home administrator in Oregon during the two year renewal period, shall pay an activation fee of \$100 upon receipt of notice of payment due.

(3) Beginning with the initial licensing date commencing July 1, 1992, each individual holding a permanent nursing home administrator license for 12 months or longer shall submit evidence satisfactory to the Board that 30 classroom hours of continuing education have been completed annually as required by OAR 853-010-0050, and, if not accomplished, the license is not renewable. Beginning with the renewal licensing date commencing July 1, 1995, an individual shall submit evidence satisfactory to the Board that sixty (60) classroom hours of continuing education have been completed every two years, if the licensee has been employed as a nursing home administrator in Oregon for twelve months or more during the two year period. Beginning July 1, 1999, at least five (5) of the sixty (60) classroom hours must be in the area of personal/professional ethics. A licensee who is employed as a nursing home administrator may submit continuing education hours after the time specified upon payment of a late fee of \$10 for each credit hour submitted. The nursing home administrator who is not employed as a nursing home administrator and who has not completed the continuing education requirement will have one (1) year to make up the deficit hours. Beginning July 1, 1995, an inactive administrator shall submit thirty (30) hours of continuing education by evidence satisfactory to the Board every two years. Beginning July 1, 1999, at least three (3) of the thirty (30) classroom hours must be in the area of personal/professional ethics. Administrators who fail to make up the deficit hours in the period specified shall meet the requirements of OAR 853-010-0015. The Board may grant exceptions to the continuing education requirement for good reasons such as, but not limited to personal health and military conflict;

(4) Upon completion of the thirty (30) or sixty (60) classroom hours of continuing education, the licensee must wait until the next July to begin accruing continuing education credits;

(5) A nursing home administrator who has had a license issued by the Board less than one year shall be required to complete the following number of continuing education hours:

For a person initially licensed —	# of CE Hours Required
July–September —	30
October–December —	15
January–March —	7
April–June —	0

(6) Beginning July 1, 1995 a nursing home administrator who has had a license issued by the Board for less than two years shall be required to complete the following number of continuing education hours:

For a person initially licensed —	# of CE Hours Required
July–December —	60
January–June —	45
July–December —	30
January–March —	15
April–June —	0

(7) Upon application within one (1) year following expiration of an original or renewal license and the payment of \$100, the Board shall issue a renewal license, provided the continuing education requirements are met. Beginning July 1, 1995 upon application within two (2) years following expiration of an original or renewal license and the payment of \$300, the Board shall issue a renewal license provided the continuing education requirements are met.

Stat. Auth.: ORS 678.740(1), 678.760(1), (2) & (3), 678.770(2) & 678.775
 Stats. Implemented: ORS 678.740(1), 678.760(1), (2) & (3), 678.770(2) & 678.775
 Hist.: NHA 4, f. 1-5-72, ef. 1-28-72; NHA 8, f. 2-6-74, ef. 2-25-74; NHA 1-1982, f. 12-15-82, ef. 1-1-83; NHA 1-1983, f. & ef. 3-17-83; NHA 1-1989, f. & cert. ef. 2-15-89; NHA 1-1991, f. & cert. ef. 5-3-91; NHA 1-1993(Temp), f. 6-30-93, cert. ef. 10-1-93; NHA 5-1993, f. 10-15-93, cert. ef. 11-4-93; NHA 2-1994, f. & cert. ef. 7-14-94; BENHA 2-1999, f. & cert. ef. 2-25-99; BENHA 4-1999, f. & cert. ef. 10-22-99; BENHA 1-2000, f. & cert. ef. 10-11-00; BENHA 1-2002, f. 1-31-02, cert. ef. 2-1-02

853-010-0045

Posting of License

Each person licensed as a nursing home administrator shall be required to display his or her license certificate in a conspicuous place in the nursing home which he or she is administering.

Stat. Auth.: ORS 678.990(2)
 Stats. Implemented: ORS 678.820(1)
 Hist.: NHA 4, f. 1-5-72, ef. 1-28-72; NHA 1-1991, f. & cert. ef. 5-3-91;

853-010-0050

Continuing Education

(1) Consideration for approval will be given to courses dealing with the planning, organizing, directing, and controlling the operation of a long term care facility. The subjects will include, but not be limited to the following: Personnel management, fiscal management, physical plant management, federal and state rules and regulation, gerontology, program implementation (medical, nursing, dietary, pharmacy, recreational activities, records, any other relating directly to long term care administration).

(2) Courses of study in the field of long-term care administration are considered approved courses if offered by:

(a) An institution of higher learning accredited by the Northwest Association of Secondary and Higher Schools or a comparable accrediting agency;

(b) A nationally recognized organization or association.

(3) Application for approval of all other courses of study must be submitted to the Board on a form approved by the Board at least 30 days prior to the scheduled date of such course. In addition to the date, time, name, and sponsor of the course, each application shall include the following:

- (a) Agenda or outline and course content;
- (b) Background resume of speakers or instructors; and
- (c) Method of recording attendance.

(4) Courses of study include, but are not limited to, workshops, seminars, training sessions, and correspondence courses.

(5) Time spent in teaching a course of study may be counted as part of continuing education subject to application to and approval by the Board.

Stat. Auth.: ORS 678
 Stats. Implemented: ORS 678.820(8)
 Hist.: NHA 8, f. 2-6-74, ef. 2-25-74; NHA 1-1989, f. & cert. ef. 2-15-89

853-010-0055

Relicensing

(1) A nursing home administrator whose license has expired for less than twelve months may be relicensed upon completion of a license application and a fee of \$425.

(2) A nursing home administrator whose license has lapsed for a period longer than one year but less than five years may be relicensed upon completion of a license application and a fee of \$500. The Board may require the applicant to present evidence of continuing education in long-term care or to complete a specified period of time in an Administrator-in-Training program prior to issuing the license.

(3) A nursing home administrator requesting reinstatement of a license that has been lapsed for a period of five years or longer shall be subject to all current criteria for examination and licensing.

Stat. Auth.: ORS 678.740(1), 678.760(1), (2) & (3), 678.770(2) & 678.775
 Stats. Implemented: ORS 678.740(1), 678.760(1), (2) & (3), 678.770(2) & 678.775
 Hist.: NHA 12, f. 7-3-75, ef. 7-25-75; NHA 1-1983, f. & ef. 3-17-83; NHA 1-1989, f. & cert. ef. 2-15-89; BENHA 1-2002, f. 1-31-02, cert. ef. 2-1-02; BENHA 2-2006, f. & cert. ef. 8-31-06

853-010-0060

Registration of Trainees and Supervising Preceptors

(1) Any trainee who begins to accumulate experience as defined in OAR 853-010-0010(3), shall register with the Board within 15 working days and submit a registration fee of \$100. Acceptance into the AIT program in no way authorizes a trainee to serve in the capacity of a nursing home administrator; such action by the trainee is a violation to ORS 678.720(1), and the Board may disqualify part or the entire period of the AIT program.

(2) Every trainee shall undergo a training program and be supervised by a preceptor as defined in OAR 853-010-0060(9). The Board may grant exceptions to the supervision requirement for good reasons such as, but not limited to geographical location.

(3) "Training" means the completion of a supervised program/internship comprised of a minimum 960 hours. Training shall be directed by a preceptor and conducted regularly for a six month to one year period averaging 40 hours per week, with no fewer than 20 hours and no more than 50 hours per week, except at the discretion of the Board.

(4) The outline of the training curriculum shall be submitted to the Board for approval at the time the trainee registration form is submitted. This outline shall include 40 hours participation in a CNA training course for the AIT or a comparable review of the CNA training manual coupled with a minimum of 40 hours spent shadowing a CNA. If the CNA training or manual review is not completed prior to the end of the training period, proof of such completion must be submitted prior to taking the national examination. Exceptions to this training requirement would be:

(a) AIT is or has been an RN, LPN, or CNA in a long-term care facility; or

(b) AIT is training in a facility that does not have a CNA class or is not located within 60 miles of a facility with a CNA class.

(5) Every trainee shall submit periodic reports on forms provided by the Board, outlining specifically all aspects of training. These reports shall be submitted every two to four months based on the length of the training program. The preceptor shall countersign each report. If the trainee does not submit the required reports, the Board may discontinue the training.

(6) A hospital administrator who has less than one year experience in a hospital with a physically attached nursing home shall receive credit of 80 hours of AIT experience for every month of prior experience accumulated in the hospital/nursing home facility. Additional training required to meet the minimum of 960 hours AIT training shall be gained in an Administrator-in-Training program in a long-term care facility or under the supervision of a preceptor in the hospital/nursing home facility.

(7) Accredited university or college coursework in advanced degree programs specializing in long-term care may replace no more than 480 hours of the 960 hours of training. Such coursework must be approved by the Board.

(8) A trainee with significant experience within the long-term care field may petition the Board for credit hours. The Board may grant credit for relevant experience gained within a qualifying long-term care facility. Such experience may replace no more than 480 hours of the 960 hours of training.

(9) "Preceptor" means a person who:

(a) Holds a current Oregon nursing home administrator license; and

(b) Has been a licensed nursing home administrator for at least three years. The Board may grant exceptions to the three-year requirement for good reason, but not limited to experience in long-term care; and

(c) Has attended a Board-approved workshop for preceptors in Oregon and actively engaged as a preceptor within five years of completing the workshop; and

(d) Has not been disciplined by the Board in the prior five (5) years. The Board may grant exceptions to this requirement based on the type and severity of the violation related to the discipline.

(10) The preceptor shall:

(a) Possess sufficient training, knowledge, and ability.

(b) Have a facility or organizational setting at their disposal to participate actively in the development of trainees.

(c) Meet with the AIT and make a pre-training assessment of the AIT applicant's background, including both education and experience. Based on the assessment, the preceptor and AIT shall prepare a detailed curriculum of the training program to be completed.

(d) Identify the nursing home that will serve as the primary facility for the AIT's training activities, recognizing that the AIT may be dispatched to other training sites--as needed--to gain experience in the required training areas.

(e) Ensure that all nursing home training sites employ an on-site, licensed administrator with facility teaching staff comprised of personnel who are proficient in the field of practice to which they devote themselves and who are willing to assume responsibility individually and as a group for imparting instruction to the AIT.

(f) Provide the AIT a minimum of eight (8) hours a week of face-to-face supervision, to apprise the AIT of areas of competency and/or weakness, to identify problem areas and to modify the plan to reflect changes which meet altered needs.

(g) Train only one AIT at any one time unless otherwise approved by the Board.

(h) Provide a letter to the Board at the completion of a training program that evaluates the AIT's professional competence and general suitability for the profession.

(i) Participate as a preceptor in the AIT program within five (5) years of completing the preceptor training workshop. A preceptor who fails to participate in the AIT program within the five (5) year timeframe must re-complete the preceptor training workshop prior to commencing an AIT program.

(11) An AIT may be disqualified from continuing training. Reasons for disqualification from training includes but is not limited to the following:

(a) Failure to submit a training plan.

(b) Failure to submit timely and satisfactory training reports.

(c) Submitting false training reports.

(d) Interruption of training exceeding the period established in 853-010-0060(12).

(e) Inadequate training or supervision.

(12) Discontinued and Interrupted Programs

(a) The preceptor or AIT will notify the Board if the AIT's training is discontinued or interrupted at the long-term care facility. A traineeship that has been discontinued or interrupted for six months or longer may not be resumed without Board approval.

(b) The Board will approve an interruption of an AIT program for the compulsory service of the AIT in the armed forces of the United States. The AIT may resume training at any time within six months of discharge from active duty.

(13) The Board reserves the right to take appropriate action if a preceptor fails to provide the trainee with adequate training and supervision or to comply with the training program requirements. The Board may disqualify a preceptor from training until such time the preceptor completes additional training or other requirements as prescribed by the Board.

(14) At the Board's discretion the preceptor may be required to appear before the Board.

Stat. Auth.: ORS 678.740(1), 678.760(1), (2) & (3), 678.770(2) & 678.775

Stats. Implemented: ORS 678.740(1), 678.760(1)-(3), 678.770(2) & 678.775

Hist.: NHA 1-1978, f. & ef. 1-31-78; NHA 4-1978, f. & ef. 8-29-78; NHA 1-1982, f. 12-15-82, ef. 1-1-83; NHA 1-1988, f. & cert. ef. 4-27-88; NHA 1-1989, f. & cert. ef. 2-15-89; NHA 1-1990(Temp), f. & cert. ef. 5-4-90; NHA 2-1990, f. & cert. ef. 10-26-90; NHA 1-1991, f. & cert. ef. 5-3-91; NHA 2-1996, f. & cert. ef. 7-31-96; BENHA 1-2002, f. 1-31-02, cert. ef. 2-1-02; BENHA 1-2004, f. & cert. ef. 1-30-04; BENHA 1-2006, f. & cert. ef. 7-14-06

853-010-0065

Standards for Nursing Home Administrators

The Board adopts the following standards of practice for nursing home administrators:

(1) Organizational Management and General Administration:

(a) Exercise ethical and sound decision making and judgment.

(b) Assume leadership in his/her facility.

(c) Demonstrates supervisory techniques which through professional experience have become established by the consensus of the expert opinion of practicing nursing home administrators.

(d) Delegates responsibility and authority to appropriate staff in order to carry out the work of the facility and hold department heads accountable for the performance of their respective departments.

(e) Promote residents and families/responsible parties' satisfaction with quality of care and quality of life.

(f) Exercises technical competence in carrying out nursing home administration.

(g) Seeks proper education and preparation for new nursing home administrator techniques or procedures.

(h) Ensure that resources (for example, supplies, medical equipment, technology, trained staff) are in place to provide resident care and to promote quality of life.

(i) Maintains a safe working environment for staff in order to provide quality care.

(2) Resident Care:

(a) Ensure that nursing services are planned, implemented, and evaluated to maximize resident quality of life and quality of care.

(b) Ensure that medical services are planned, implemented, and evaluated to maximize resident quality of life and quality of care.

(c) Ensure the integration of resident rights with all aspects of resident care.

(d) Ensure that the facility complies with applicable federal, state, and local standards and regulations.

(e) Ensure that the following services are planned, implemented, and evaluated to maximize resident quality of life and quality of care: social services, dietary services, activities, clinical records program, pharmaceutical program, rehabilitation services, auxiliary services, and environmental services.

(f) Recruits, hires and provides ongoing education for a health care team in order to assure quality care of the long-term care resident.

(g) Obtains and coordinates consultant services as needed.

(h) Coordinates the development and evaluation with the health care team of resident care goals and policies in order to assure that adequate resources, environments, and services are provided to residents.

(i) Meets regularly with health care team to assure highest practicable care is being delivered.

(j) Recruits a qualified medical director and ensures a well planned and implemented medical care program.

(k) Ensures that staff make appropriate discharge decisions.

(l) Ensures the information or knowledge concerning the resident is made available only to those stated in state or federal regulations.

(m) Evaluates the quality of resident care, residents' rights, and quality of life. Identify strengths and weaknesses and set in place measures for the improvement where necessary, evaluate progress, and institute appropriate follow-up activities.

(n) Ensure residents' dignity and right to privacy and that residents are free from sexual abuse, physical abuse, mental abuse, corporal punishment, exploitation, neglect and involuntary seclusion.

(o) Protect residents funds and property.

(p) Ensure development, implementation, and review of resident care policies and procedures.

(q) Ensure that a health information management program for resident care is planned, implemented, and evaluated to meet documentation requirements.

(r) Identify, monitor, and ensure that quality indicators and quality assurance programs are utilized to maximize effectiveness in resident care and services.

(3) Personnel Management:

(a) Ensure that personnel are present in number and ability to attain or maintain the highest practicable level of physical, mental and psychosocial well being for each resident.

(b) Coordinates the development and dissemination of written personnel policies and procedures to assure procedures are followed in recruitment, hiring, employment and termination of staff.

(c) Establishes safety rules and procedures that incorporate federal regulations and OSHA requirements to ensure employee health and safety.

(d) Assures adherence to established personnel policies and procedures including timely criminal background checks.

(e) Establishes clear lines of authority and responsibility within the staff in order to assure understanding and production of quality work.

(f) Recruits and hires qualified supervisors to meet the requirements of their position.

(g) Plans, implement and evaluates an orientation program.

(h) Ensure that human resource management policies and programs are planned, implemented, and evaluated in compliance with

governmental entities, laws and regulations (for example, job descriptions, education programs, union relations).

(4) Financial Management:

(a) Coordinates the development of a budget which assures allocation of fiscal resources to meet regulatory requirements and provides quality services.

(b) Evaluates the implication of budget on the quality of care.

(c) Analyzes financial performance to ensure conformance with standards of quality.

(d) Manage and implement corporate compliance programs and train staff.

(e) Protect resident funds.

(5) Environmental Management:

(a) Evaluates maintenance of building grounds and equipment and recommends corrections as needed.

(b) Ensure development, implementation and review of environmental policies and procedures.

(c) Ensure that the facility provides a clean environment for residents, staff and visitors.

(d) Develops, implemented and evaluates fire, emergency and disaster plans to protect the safety and welfare of residents, staff and property.

(e) Ensure the planning, implementation, and evaluation of any environmental safety program that will maintain the health, welfare, and safety of residents, staff and visitors.

(f) Identify, monitor, and ensure that the quality assurance programs are utilized to maximize effectiveness in environmental services.

(g) Ensure that facility complies with applicable, federal, state and local standards and regulations (for example, ADA, OSHA, CMS, Life Safety Code).

(6) Regulatory Management/Governance:

(a) Ensures compliance with federal and state regulations to assure compliance and efficient integration with established policies and procedures at the facility.

(b) Direct compliance of the facility with government regulations, including protecting residents, employees or staff from discrimination.

(c) Protect resident records from unauthorized disclosure of confidential information.

(d) Monitors medical reporting, staffing and procedures in order to assure compliance with regulations and quality care.

(e) Evaluates staff work procedures and policies to assure compliance with federal and state regulations.

(f) Ensure that policies and procedures are developed, implemented, monitored, and evaluated in order to maintain compliance with directives of governing entities.

(g) Observe, monitor, and evaluate outcomes of all of the facility's programs, policies and procedures to ensure effectiveness, and to fulfill administrative responsibility (for example, facility license) and professional responsibility (for example, personal NHA license).

(h) Identify areas of potential legal liability, and develop and implement an administrative intervention or risk management program to minimize or eliminate exposure.

(i) Ensure that resources (for example, supplies, medical equipment, technology, trained staff) are in place to provide resident care and to promote quality of life.

Stat. Auth.: ORS 678.820 & 678.760

Stats. Implemented: ORS 678.820(1)

Hist.: NHA 1-1982, f. 12-15-82, ef. 1-1-83; NHA 1-1989, f. & cert. ef. 2-15-89; NHA 1-1991, f. & cert. ef. 5-3-91; NHA 1-1995, f. & cert. ef. 4-19-95; BENHA 1-2003, f. & cert. ef. 11-12-03

853-010-0070

Filing of Complaints with the Board

(1) Any person, agency, association, or member of the Board may file a complain against any licensee. The complaint shall be submitted to the Board in writing, and facts which provide the basis for the complaint shall be described.

(2) The Board shall also evaluate complaints and investigative information received from the Senior and Disabled Services Division, the Long-Term Care Ombudsman, or any other source.

(3) A complaint received by the Board shall be referred to the appropriate agency or agencies for investigation.

(4) The findings and the corrective measures taken by the investigating agency or agencies, with any other information deemed appropriate, shall be reviewed by the Board. The Board, upon making or receiving the findings, may dismiss the charges, inquire further, or take disciplinary action.

(5) The Board shall notify the complainant and the licensee of the final action taken by the Board.

Stat. Auth.: ORS 678

Stats. Implemented: ORS 678.820(5)

Hist.: NHA 1-1989, f. & cert. ef. 2-15-89

853-010-0074

Unprofessional Conduct

“Unprofessional Conduct” by a nursing home administrator includes, but is not limited, to the following:

(1) Failing to follow the rules and statutes regulating nursing facilities.

(2) Failing to act in a manner consistent with the care for the welfare and the health and safety of the residents of the nursing facility in which he/she is the administrator.

(3) Failing to follow facility policies or practices in the administration of a nursing facility.

(4) Failing or allowing the failure of employees to comply with standards for the operation of the nursing home for which the administrator is responsible.

(5) Failing to correct deficiencies or failure to maintain corrective measures in the nursing homes as cited by any agency of government which has nursing home administration responsibility.

(6) Violating the confidentiality of information or knowledge concerning the resident.

(7) Allowing harassment or mental, verbal, or physical abuse of residents.

(8) Using alcohol or other drugs to the extent that there is interference with job performance.

(9) Misusing of drug supplies, narcotics, or altering or discarding residents' records.

(10) Engaging in sexual harassment, making sexual advances toward, or engaging in sexual contact with any resident, or trainee under the licensee's supervision or engaging in sexual harassment of an employee, consultant or visitor to the facility in which the licensee practices.

(11) Appropriating medications, supplies, or personal items of the resident or nursing facility for personal use.

(12) Forging prescriptions or making drugs available to self, friends, or family members.

(13) Failing to take appropriate action on an employee who diverts drugs or medications prescribed for residents.

(14) Falsifying any records relating to the operation of the nursing facility.

(15) Failing to cooperate with an authorized investigation of a complaint.

(16) Failing to designate a designee to perform the functions, tasks or responsibilities in the absence of the administrator to the detriment of resident safety.

(17) Failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of a licensed professional.

(18) Failing to report to the appropriate licensing board and/or law enforcement the incompetent, unethical, or illegal practice of any person who is providing or who is purporting to provide health care.

(19) Violating an order of the Board.

(20) Using the licensee's professional status, title, position, or relationship as a nursing home administrator or licensee to coerce, improperly influence, or obtain money, property, or services from a resident, resident's family member or visitor, employee, or any person served by or doing business with the nursing facility that the licensee administers or is employed by.

(21) Leaving employment as a nursing facility administrator without notifying Board and notifying state agency responsible for regulating nursing facilities.

(22) Permitting an unlicensed person to use a nursing facility administrator license for any purpose.

(23) Advertising in a manner which is false, deceptive or misleading.

(24) Failing to notify the Board when a license or certificate in a related health care discipline in Oregon or in another state has been denied, refused renewal, revoked, or suspended for unprofessional conduct.

Stat. Auth.: ORS 678

Stats. Implemented: ORS 678.710, 678.730, 678.760, 678.780 & 678.820

Hist.: BENHA 1-2003, f. & cert. ef. 11-12-03

853-010-0075

Grounds for License Denial or Revocation

(1) The Board may deny, suspend, revoke, or taken any other action in relation to the disciplining of a licensee or such applicant for licensure as the Board in its discretion considers proper after due notice, and an opportunity to be heard upon proof the nursing home administrator:

(a) Has willfully or repeatedly violated any of the provisions of the laws, rules, or regulations of the licensing authority of the state having jurisdiction of the operation and licensing of long-term care facilities;

(b) Has committed any act which, in the opinion of the Board, shall constitute unprofessional conduct, intemperance, or negligence in the performance of duties required and privileges conferred by licensure;

(c) Has violated the standards of practice for nursing home administrators in OAR 853-010-0065;

(d) Has otherwise violated any of the provisions of the laws, rules or regulations of the Board;

(e) Has borrowed or attempted to borrow money or other thing of value from a resident unless the resident is a relative;

(f) Has borrowed or attempted to borrow money or other thing of value from a former resident of the nursing facility who currently resides in an adult foster home, assisted-living facility, or residential care facility;

(g) Has permitted or condoned any person employed by the facility from borrowing or attempting to borrow money or any other thing of value from a nursing facility resident unless the resident is a relative of the employee;

(h) Has accepted or permitted or condoned any person employed by the facility accepting a personal gift of a value in excess of \$50 in any calendar year from a nursing facility unless the resident is a relative of the employee;

(i) Deliberate misplacement, exploitation or wrongful temporary or permanent use of a resident's money or belongings;

(j) Has failed to report to the board facts known regarding conduct by a nursing home administrator that the licensee or applicant knew, or reasonably should have known, violates the disciplinary standards of the board.

(2) Voluntary surrender of a licensee is allowed provided a statement is signed by licensee stating his/her desire to submit to voluntary surrender of license and all benefits thereof.

Stat. Auth.: ORS 678.820

Stats. Implemented: ORS 678.820

Hist.: NHA 1-1989, f. & cert. ef. 2-15-89; NHA 1-1991, f. & cert. ef. 5-3-91; NHA 1-1997, f. 8-5-97, cert. ef. 8-7-97; BENHA 3-1999, f. & cert. ef. 2-25-99

853-010-0076

Philosophy Governing Voluntary Substance Abuse Treatment Programs

(1) The board recognizes the need to establish a means of proactively providing early recognition and treatment options for licensees whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such licensees are treated and their treatment monitored, so that they can return to or continue to practice their profession in a manner which safeguards the public. To accomplish this, the board may refer licensees impaired by substance abuse to board-approved treatment programs as an alter-

native to instituting disciplinary proceedings defined in OAR 853-010-0075.

(2) The board shall collect records and information required to be submitted by the board-approved alcohol and chemical dependency treatment program pursuant to 853-010-0079(1)(e). The board shall not release records collected under this rule unless the records indicate a failure to successfully complete the treatment program or other violation of the rule.

Stat. Auth.: ORS 678.820(9)

Stats. Implemented ORS 678.780(f), (2)(d)

Hist.: BENHA 2-2000, f. & cert. ef. 10-11-00

853-010-0077**Definitions**

As used in this rule:

(1) "Abstinence" means the avoidance of alcohol, mind-altering, or potentially addictive drugs.

(2) "Addiction Specialist" means a health care professional who has special education in the evaluation and treatment of chemical dependency and other addictive disorders. They may include, but are not limited to:

(a) Certified alcohol and drug counselor;

(b) Nurse Practitioner;

(c) Physician;

(d) Psychologist.

(3) "Approved treatment program" means an organized program in an inpatient, outpatient, or residential setting whose primary function is the evaluation and treatment of clients with chemical dependency, psychiatric or physical disorders. The treatment program shall meet the following criteria:

(a) Employ staff qualified by education and experience to treat the client's disorder;

(b) Have a formalized plan of care which includes:

(A) Assessment and diagnosis;

(B) Treatment goals including establishing and evaluating treatment outcomes;

(C) Discharge criteria;

(D) Guidelines for continuing recovery.

(c) Provide a written report addressing all parts of the plan of care;

(d) Provide evidence of the ability to meet the above criteria on an annual basis.

(4) "Body Fluid Testing" means the collection of blood or urine at irregular intervals not known in advance by the person being tested, for the purpose of evaluating the presence of prescription or non-prescription drugs and alcohol. A pre-approved laboratory, in a manner which preserves the integrity of the specimen shall perform the collection and testing.

(5) "Cause" means any non-compliance with the treatment program's regime as agreed to by the licensee, the leaders of the treatment program and the board. This includes but is not limited to illegal behavior, positive drug screens, no show to scheduled meeting(s) and/or evidence of relapse.

(6) "Contract" means an individualized written agreement between the recovering licensee, the board, and the substance abuse treatment program stipulating the licensee's consent to comply with the treatment program and its required components of the licensee's recovery activity.

(7) "Intake Evaluation" means an assessment of the licensee's disorder by an addiction specialist for the purpose of treatment recommendations and referral.

(8) "Relapse" means the use of alcohol, mind altering, or potentially addictive drugs for non-therapeutic reasons after sobriety has been demonstrated.

(9) "Substance Abuse" means the impairment, as determined by the board, of licensee's professional services by an addiction to, a dependency on or the use of alcohol, legend drugs or controlled substances.

(10) "Support Group" means an organized meeting of individuals with similar disorders for the support of encouraging wellness and continued recovery.

Stat. Auth.: ORS 678.820(9)

Stats. Implemented ORS 678.780(f), (2)(d)

Hist.: BENHA 2-2000, f. & cert. ef. 10-11-00

853-010-0078**Admission to Approved Substance Abuse Treatment Program**

(1) A licensee may seek admission to a substance abuse treatment program in one of the following ways:

(a) By admission to the board of addiction to alcohol or prescription drugs, the diversion and use of unauthorized drugs, or the abuse of other potentially addicting substances;

(b) By referral from a family member, friend, administrator peer, or employer;

(c) By identification of chemical dependency in a complaint filed against the licensee;

(d) In lieu of disciplinary action for chemical dependency or conduct caused or related to chemical dependency, the licensee may accept board referral.

(2) Upon identification of a problem of chemical dependency, and the licensee's admission to the same, the licensee shall:

(a) Undergo a medical examination (history and physical examination, appropriate blood chemistry, and urine drug screen) and an evaluation by an addiction specialist.

(b) Obtain an intake evaluation from an addiction specialist.

(c) Enter an approved treatment program specific for chemical dependency.

(3) The licensee shall enter into a contract with the board and the treatment program to comply with the requirements of the program which shall include, but not be limited to "Conditions of Participation in the Substance Abuse Treatment Program."

Stat. Auth.: ORS 678.820(9)

Stats. Implemented ORS 678.780(f), (2)(d)

Hist.: BENHA 2-2000, f. & cert. ef. 10-11-00

853-010-0079**Conditions of Participation in Substance Abuse Treatment Program**

(1) The licensee shall enter into a contract with the board and the approved substance abuse treatment program to comply with the requirements of this program which may include, but not be limited to:

(a) Successful completion of an approved treatment program and continuing care for a period of one year.

(b) Continued abstinence from mind-altering or potentially addictive drugs, including both over-the-counter and prescription drugs, except for medications prescribed by an authorized prescriber if the authorized prescriber is aware of the licensee's participation in a substance abuse program.

(c) Random body fluid testing. The board may require that urine collection be witnessed.

(d) Attendance at support groups, e.g., 12-step groups.

(e) Submission of reports by addiction specialist at specified intervals. Reports shall include treatment, prognosis and goals.

(f) Submission of report by addiction specialist to the NHA Board monthly for three months and quarterly thereafter. Report shall include results of drug screenings, positive updates and compliance issues.

(g) Meeting with the NHA Board at the board's discretion.

(2) The licensee shall comply with specified employment conditions and restrictions which shall include, but not be limited to:

(a) Leave of absence from nursing home administrator position until approved by an addiction specialist and the board to return to work;

(b) Notification to the employer of participation in the substance abuse treatment program if licensee is currently in program;

(c) Disclosure to a prospective employer of participation in the substance abuse treatment program once a job offer has been made if licensee is currently in program;

(d) Disclosure of participation in the substance abuse treatment program when the nursing home administrator applies for licensure in any other state if licensee is currently in program.

(3) The licensee shall sign a waiver allowing the substance abuse treatment program to release information to the board if the licensee does not comply with the requirements of the program.

(4) The licensee is financially responsible for all costs of participation in the substance abuse treatment program, including the cost of random body fluid testing and the cost of treatment.

(5) The licensee may be subject to disciplinary action if the licensee does not consent to be referred to a substance abuse treatment program, does not comply with employment restrictions, does not successfully complete the program, or has a relapse after completing the program.

(6) A licensee who is not being investigated by the board, or is not subject to current disciplinary action, or is not currently being monitored by the board for substance abuse may voluntarily participate in a substance abuse treatment without being referred by the board. Such voluntary participants shall not be subject to disciplinary action for their substance abuse and shall not have their participation made known to the board if they meet the requirements of the substance abuse treatment program as stated in (3) through (6).

(7) The treatment and pre-treatment records of licensees referred to or voluntarily participating in a substance abuse treatment program shall be confidential and shall not be subject to discovery by subpoena or admissible as evidence, except for treatment records reported to the board for cause. Records held by the board under this section shall not be subject to discovery by subpoena, except by the licensee.

Stat. Auth.: ORS 678.820(9)

Stats. Implemented: ORS 678.780(f), (2)(d)

Hist.: BENHA 2-2000, f. & cert. ef. 10-11-00

853-010-0080

Restoration and Reinstatement of Licenses

(1) The Board may, in its discretion, reissue a license to any person whose license has been revoked. Any such request shall be in writing and shall include attested documents demonstrating that the cause of the revocation is no longer in existence or that the objectives of the revocation have been successfully accomplished.

(2) Should the Board determine to restore the license, it may require the administrator to pay the examination fee as provided in OAR 853-010-0015 and sit for the examination described in OAR 853-010-0020(2) to satisfy the Board that the administrator has kept himself/herself current with the laws and rules.

(3) Upon the decision of the Board to restore the license, the administrator shall pay to the Board a fee as provided in OAR 853-010-0025 for licensure.

(4) If a license is revoked due to a conviction of a crime and the conviction is subsequently reversed on appeal and the accused acquitted or discharged, his/her license shall become operative retroactively from the date it was revoked without any penalty or loss of privileges.

(5) Suspended licenses are automatically in force at the expiration of the period of suspension set forth in the Board's order, but must be renewed in the normal course if the license expires during the period of suspension.

Stat. Auth.: ORS 678.740, 678.760, 678.770, 678.820(1) & 678.820(9)

Stats. Implemented: ORS 678.790 & 678.820

Hist.: NHA 1-1989, f. & cert. ef. 2-15-89; NHA 2-1994, f. & cert. ef. 7-14-94

