



# Maryland Board of Examiners of Nursing Home Administrators



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## Title Change

As you know, the Board is researching a possible title change, and conducted a survey of all licensees via email. We received responses from approximately 40% of licensed administrators, and 47% of the responders preferred Licensed Health Care Executive. The National Association of Long Term Care Administrator Boards (NAB) is also researching a title change, and the Board is waiting to see what the national trend is before moving forward with a possible name change. This topic will be discussed at the NAB annual meeting scheduled for mid-June.

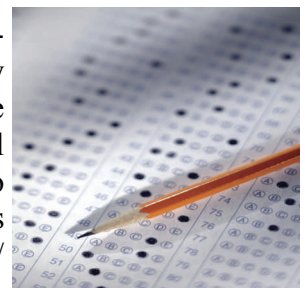
## Child Support and Tax Regulations

Under the Department of Human Resources, Child Support Enforcement Administration, Code of Maryland Regulation 07.07.16.13, health occupation professional boards are responsible for suspension or denial of licenses upon request from the Dept. of Human Resources for child support arrearage in excess of 120 days, when an agreement between that office and the licensee can not be arranged.

The Health Occupations Article §1-213 stipulates that before any license may be renewed, the issuing authority shall verify through the office of the Comptroller that the applicant has paid all undisputed taxes and unemployment insurance contributions. This means the Board cannot renew a license of anyone owing Maryland state taxes.

## Maryland State's Standards Examination

The Maryland State's Standards examination has moved to an on-line format. The Professional Examination Service, the company contracted by the National Association of Long Term Care Administrator Boards to administer the national examination, will also administer the Maryland exam. Candidates can register to take either the National, State's Standards, or both examinations by using the following link: <https://www2.proexam.org/NAB/>



## Obituaries

Richard "Dick" Baker, 63, passed away unexpectedly on Sunday, July 22, 2012. After serving his country honorably for 26 years as an active duty soldier and reservist, retiring as command sergeant major, he gave more than 30 years to the health care profession, leading and directing continuing care retirement communities and nursing homes. His most recent position was serving as the administrator of the Horizon Healthcare Center in El Paso, Texas. Mr. Baker was licensed in Maryland in 2005, and worked brief interim assignments at Manor Care Chevy Chase and Vantage House.

Sister Louis Mary Battle, 79, died Friday, November 9, 2012 of complications from autoimmune disease and osteoarthritis at the institution where she worked for many years. She was called the vision behind the expansion of care for the elderly, dementia patients and the dying at Stella Maris in Timonium, MD.

## Disciplinary Actions and Information

Discharge planning and advance directives have been areas of concern noted by the Board, and have been reflected in complaint investigations. It is important for Nursing Home Administrators to be familiar with, and follow, these regulations.

In a case concerning discharge planning, the Board charged Pamela Yvette Calwell with failing to meet substantially the standards of practice adopted by the Board under the Health Occupations Article (H.O.) §9-205, in violation of H.O. §9-314(b)(c); committed an act of unprofessional conduct in the licensee's practice as a nursing home administrator, in violation of H.O. §9-314(b)(11); and failed to follow discharge procedures in violation of the Health General §19-345.2. Additionally, the Board charged Ms. Calwell with violation of the following COMAR regulations: 10.33.01.15A(1), (2), and (9). This case was resolved by a public Consent Order signed on March 13, 2013,

In a case concerning advanced directives, the Board charged Timothy P. Sanna, with violating Health Occupations Article (H.O.) § 9-314(b)(3) "Otherwise fails to meet substantially the standards of practice adopted by the Board under §9-205 of this title;" COMAR 10.07.02.08-1A(3) and B(1); COMAR 10.07.02.07A(2); and COMAR 10.07.09.08C(11). This case was resolved by a public Consent Order signed on April 10, 2013.

The Office of Health Care Quality has provided information on the Medical Orders for Life-Sustaining Treatment (MOLST) form, as well transmittals on patient discharge planning. Please visit OHCQ's website at [www.dhmh.maryland.gov/ohcq](http://www.dhmh.maryland.gov/ohcq), or contact your survey coordinator if you have questions about the forms and/or regulations. You may also use the Board as a source. There are six licensed Nursing Home Administrators serving on the Board, and they are available to answer questions from their peers. Please send your questions or concerns via email to [pat.hannigan@maryland.gov](mailto:pat.hannigan@maryland.gov), and she will forward to the members of the Board.



As information, Code of Maryland Regulations (COMAR) can be downloaded by visiting the Division of State Documents website at <http://www.dsd.state.md.us>.

Health Occupations Article §1-607 stipulates that each health occupations board post on the board's website each final, public order for a disciplinary sanction issued to a licensee or certificate holder. The Maryland Board of Examiners of Nursing Home Administrators must comply with this law, and all public orders are posted at [www.dhmh.maryland.gov/bonha](http://www.dhmh.maryland.gov/bonha) under the Consumers tab.

### CE Warning

If a Nursing Home Administrator completed courses sponsored by Medcom, Inc./Medcom Trainex, it would be in your best interest to verify the actual number of hours approved through NAB. There have been several instances where the certificate of attendance issued by Medcom indicated more hours than were awarded by NAB. You can check the approval by visiting NAB's website at [www.nabweb.org](http://www.nabweb.org), and clicking on the Database of Approved Programs box in the upper right hand corner.

## Serving on the Board

The Board is currently seeking candidates to fill vacancies on the Board, and would like to create a list of candidates interested in filling future vacancies. The Board has several categories of professionals serving: Nursing Home Administrators who are practicing actively and have at least 5 years of experience as licensed administrators; related health professionals who are engaged actively in a profession that is concerned with the care of chronically ill, infirm, or aged individuals; physician or nurse practitioner who specializes in geriatrics; geriatric social worker; and consumer members.

As information, Board members are expected to attend monthly meetings (usually held the second Wednesday of the designated month, from 9:30 until approximately noon) and to actively participate on the various committees. The Board meets approximately six times per year. Committee assignments may require additional meetings, tasks, or visiting nursing homes to monitor the progress of training programs. Board members are paid a \$75 per diem and are reimbursed for mileage.

By law, each Board member must be a United States citizen or have declared intent to become a citizen, and must have resided in this State for at least one year before appointment to the Board. A Board member may not be a registered lobbyist.



Please keep in mind the Department of Health and Mental Hygiene is committed to attaining a balanced minority, geographic, and gender representation on each of the health occupation boards. This helps ensure that decisions reached more adequately reflect the viewpoints of all populations being served.

Contact Kim Bennardi in the Department of Health and Mental Hygiene's Office of Appointments ([kim.bennardi@maryland.gov](mailto:kim.bennardi@maryland.gov)) if you are interested in serving on the Board, and she will provide you with the necessary instructions and appointment request forms. In addition to a biographical information form, all candidates seeking appointment to the Board must have a written recommendation from the association or society appropriate to the profession representative of the vacancy to be filled. Please submit the biographical form and letter of recommendation to Kim.

To be considered for any of the next available openings on the Board, application must be received in the Office of Appointments by May 14, 2013. An interest file will be maintained for all qualifying applications received after May 14th.

## Family Councils

All Nursing Home Administrators are encouraged to study and follow the family council laws and regulations.

The Patients' Bill of Rights, COMAR 10.07.09 stipulates:

F. Resident and Family Groups.

(1) A resident has the right to organize and participate in resident groups in the nursing facility.

(2) A resident's family has the right to meet in the nursing facility with the families of other residents.

(3) Staff or other visitors may attend meetings only at the group's invitation.

## Family Councils (continued from page 3)

HEALTH - GENERAL -- TITLE 19.  
HEALTH CARE FACILITIES --  
SUBTITLE 14. NURSING HOMES  
§ 19-1416. Family Council Law

(a) In this section, "family council" means a group of individuals who work together to protect the rights of and improve the quality of life of residents of a nursing home.

(b) (1) A family council for a nursing home may consist of the following members:

(i) Members of a resident's family; or

(ii) An individual appointed by the resident, or if the resident is incapable of appointing an individual, an individual appointed by the resident's family.

(2) (i) Subject to subparagraph (ii) of this paragraph, a family council may be created by the owner, operator, or staff of a nursing home.

(ii) Except as provided in paragraph (3) of this subsection, in order to facilitate the development of a family council, the owner, operator, or staff of a nursing home may lead the family council for no longer than 6 months at which time the family council shall be led by a member of the family council.

(3) On the written request of a family council, the nursing home may assist the family council in the administrative functions of operating the family council in a mutually agreed upon manner.

(c) A nursing home shall give each new or prospective resident the following written information about the family council:

(1) The name, address, and phone number of a current member of the family council;

(2) A brief description of the purpose and function of the family council;

(3) Instructions on how the resident or prospective resident may review the public files described in subsection (e) of this

section; and

(4) The name, address, and phone number of the State or local ombudsman.

(d) A nursing home shall respond in writing to any written grievance or other written communication from the family council within 14 calendar days after receiving a communication.

(e) (1) A nursing home shall create and maintain a public correspondence file and a regulatory correspondence file for communications with a family council.

(2) The correspondence files shall include a copy of each written communication and response described in subsection (d) of this section.

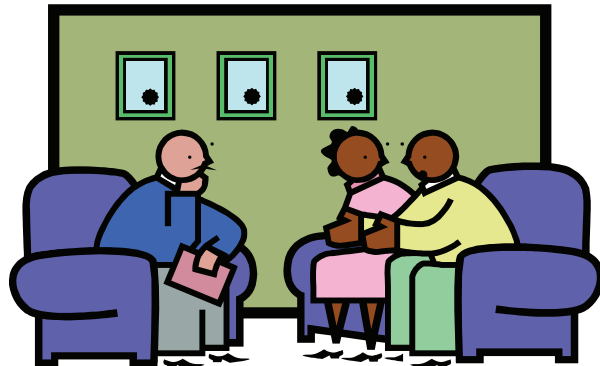
(3) (i) The records in the regulatory file shall be unedited.

(ii) The records in the public file shall delete any information that identifies an individual resident.

(4) The public file may be reviewed by a resident, prospective resident, or the representative of either a resident or prospective resident during normal business hours and at any other time the nursing home agrees to make the public file available.

(5) The nursing home shall promptly comply with a request by a licensing authority to review the records in either the public or regulatory files.

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## Family Councils (continued from page 4)



Title 42—Public Health, Chapter IV—Centers for Medicare & Medicaid Services, Department of Health and Human Services; Part 483—Requirements for States and Long Term Care Facilities Sec. 483.15 Quality of Life

A. (c) Participation in resident and family groups.

(1) A resident has the right to organize and participate in resident groups in the facility;

(2) A resident's family has the right to meet in the facility with the families of other residents in the facility;

(3) The facility must provide a resident or family group, if one exists, with private space;

(4) Staff or visitors may attend meetings at the group's invitation;

(5) The facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings;

(6) When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.

**SURVEYOR'S GUIDELINES:** These are the guidelines that the staff of the survey agencies use to determine whether a nursing home is in compliance with federal law. If a nursing home is found to be out of compliance, the nursing home will be cited for a deficiency under a F244 tag.

Interpretive Guidelines §483.15(c) This requirement does not require that residents' organize a residents or family group. However, whenever residents or their families wish to organize, facilities must allow them to do so without interference. The facility must provide the group with space, privacy for meetings, and staff support. Normally, the designated staff person responsible for assistance and liaison between the group and the facility's administration and any other staff members attend the meeting only if requested.

“A resident or family group” is defined as a group that meets regularly to:

- Discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life;
- Support each other;
- Plan resident and family activities;
- Participate in educational activities; or
- For any other purpose.

The facility is required to listen to resident and family group recommendations and grievances. Acting upon these issues does not mean that the facility must accede to all group recommendations, but the facility must seriously consider the group's recommendations and must attempt to accommodate those recommendations, to the extent practicable, in developing and changing facility policies affecting resident care and life in the facility. The facility should communicate its decisions to the resident and/or family group.

§483.15(c) If no organized group exists, determine if residents have attempted to form one and have been unsuccessful, and, if so, why.

## Regulation Updates



Effective April 15, 2013, the Code of Maryland Regulations that pertains to the Board has been amended. The amendments were necessary to change the fee schedule to accommodate the Maryland State's Standards examination moving online. To make up for losing revenue charged to examination candidates (which will now be paid directly to the Professional Examination Service), the Board increased its original licensure fee from \$100 to \$200. The latest amendments also added two service areas to the rotation schedule of Administrators-In-Training - Rehabilitation Services and Quality Assurance. The Board also voted to amend the regulation of how often the Board shall meet to mirror the language in the statute. Although the new language reduces the required number of meetings from eight to two, the Board intends to meet at least six times per year. Meeting dates are listed in the Maryland Register, and posted on the Board's website.

The Board's office has received phone calls about regulation changes in the past, and below is a recap of changes made in the last few years:

On January 25, 2010, all regulations referring to nursing homes were changed to nursing facility; renewal, reinstatement, duplicate license, inactive renewal, and inactive fees were raised, as well as the fine for failure to notify the Board of changes in

employment or home address; the minimum number of beds allowed in a training facility was reduced to 60 (although training can be done in a small facility, half of the training must be in a facility with 60 or more beds); and during a formal hearing before the Board, not less than three nursing home administrator members on the board shall be part of the majority.

On March 21, 2011, the part time AIT program was added which changed one definition, and added language to the AIT section; and a correction was made to Section .12B where it previously stated "ten hours of continuing education can be awarded for each college course" this was changed to "ten hours of continuing education for each college *credit*."

March 10, 2012, language was added to Section .12 about auditing a percentage of renewal applications; allowing continuing education credit for serving as a preceptor; and elimination of the continuing education carry over. The entire disciplinary section was revised adding language to clarify the procedure for handling complaints; sanctioning guidelines required by law were incorporated; and as well as two additional grounds for discipline – falsifying continuing education records, and failure to comply with an investigation were included.

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