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SNF/NF Guidelines for CNA In-services

**IHCA frequently receives requests from members for the “official list of required CNA in-services”. Unfortunately, a detailed list of CMS required in-services is not provided in current regulations.**

**IHCA recently requested DIA provide guidance regarding this question. Patrice Fagen, Assistant Division Administrator, Health Facilities Division provided the following information:**

“The regulations speak only to the facility's requirement and responsibility for providing 12-hours of in service per year based on the needs of the residents, the facility, and nurse aide performance evaluations.”

**Additionally DIA provided the following excerpt from the State Operations Manual, Appendix PP- Guidance to Surveyors for Long Term Care Facilities:**

**F726** §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.

**F947** (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.95(g) Required in-service training for nurse aides. In-service training must—

§483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides but must be no less than 12 hours per year.

§483.95(g)(2) Include dementia management training and resident abuse prevention training.

§483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at §483.70(e) and may address the special needs of residents as determined by the facility staff. [§483.95(g)(3) will be implemented on November 28, 2019 (Phase 3) with the exception of facility assessment which was implemented on November 28, 2017 (Phase 2).]

 §483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

DEFINITION §483.95(g)

A nurse aide is any individual providing nursing or nursing-related services to residents in a facility. This term may also include an individual who provides these services through an agency or under a contract with the facility, but is not a licensed health professional, a registered dietitian, or someone who volunteers to provide such services without pay. Nurse aides do not include those individuals who furnish services to residents only as paid feeding assistants as defined in §488.301 of this chapter.

Private duty nurse aides who are not employed or utilized by the facility on a contract, per diem, leased, or other basis, do not come under the nurse aide training provision.

GUIDANCE §483.95(g) All facilities must develop, implement and permanently maintain an in-service training program for nurse aides that is appropriate and effective, as determined by nurse aide evaluation or the facility assessment as specified at §483.70(e). Changes to the facility’s resident population, the facility’s physical environment, staff turnover, and modifications to the facility assessment may necessitate ongoing revisions to the facility’s training program.

There are a variety of methods that could be used to provide training. For example, nurse aide training may be facilitated through any combination of in-person instruction, webinars and/or supervised dementia management training and resident abuse prevention training practical training hours.

Supervised practical training means training in a setting in which instruction and oversight are provided by a person who has relevant education and/or experience specific to the subject of the training being provided.

All training should support current scope and standards of practice through curricula which detail learning objectives, performance standards and evaluation criteria, and addresses potential risks to residents, staff and volunteers if procedures are not followed. There should be a process in place to track nurse aide participation in the required trainings.

The adequacy of the in-service education program may be measured not only by documentation of hours of completed in-service education, but also by demonstrated competencies of nurse aide staff through written exam and/or in consistently applying the interventions necessary to meet residents’ needs as identified in the facility assessment. Observations of nurse aides that indicate deficiencies in their nurse aide skills may be the result of an inadequate training program and/or inadequate performance review.

A minimum of 12 hours of nurse aide training per year is required under §483.95(g)(1). The training must be sufficient to ensure the continuing competence of the nurse aides, which may require more than 12 hours of training per year to meet identified staff or resident needs.

PROCEDURES AND PROBES §483.95(g)

If there have been deficient care practices identified during the survey, review as appropriate training received by nurse aides in that corresponding subject area. For example, if a deficiency is being cited related to infection control, review the infection control portion of the facility’s in-service nurse aide training program.

* Were nurse aides observed working with residents in a manner that indicates a training need?
* Did interviews with residents and/or resident representatives indicate any areas where training was needed?
* What type of training do the nurse aides report receiving about the concern identified by the surveyor?
* Verify the mandatory nurse aide in-service program is no less than 12 hours per year. Calculate the date by which a nurse aide must receive annual in-service education by the employment date rather than the calendar year.
* Review facility training records which supports mandatory nurse aide attendance.
* How has in-service education addressed any areas of weakness identified in performance reviews, and any special resident needs, or needs of residents with cognitive impairments?
* How does the facility evaluate nurse aide performance to determine what topics must be included in in-service training to address areas of weakness?
* How does the facility determine when training content must be updated (e.g., in order to remain consistent with current professional standards and guidelines)?
* What process does the facility have to encourage nurse aides to express concerns and request training in challenging situations? How does the facility respond to nurse aide’s concerns and requests?
* Does the facility’s training address nurse aide training needs to ensure residents attain or maintain the highest practicable physical, mental, and psychosocial well-being as determined by resident assessments and individual plans of care?
* How does the facility assess nurse aides to determine if the training has been effective?

IHCA Guidance:

1. The only two specific in-service topics listed in the federal regulations which must be provided annually are: dementia management training and resident abuse prevention training.
2. The in-services provided for CNA’s must be aligned with the needs you have identified for training in your facility assessment and the needs you identify when conducting performance evaluations of certified nursing assistants.
3. The clock for tracking the annual 12-hour requirement for CNA’s resets on the anniversary of each CNA’s hire date, not per calendar year.
4. CNA’s who are currently enrolled in college classes must still have 12 hours of facility in-service provided. College courses, even those in health science or nursing programs, will not be considered by surveyors as meeting this federal requirement according to DIA.
5. The following are other suggested topics that facilities may need to consider when planning for the training needs of CNA’s and other facility personnel:
   1. OSHA requirements such as hazard communication (SDS), ergonomics and safe patient handling, blood borne pathogens, work place violence, infection control including TB and influenza exposure, and handwashing techniques.
   2. Disaster preparedness training including fire safety
   3. HIPAA and corporate compliance training
   4. Resident rights and person-centered care as described in federal regulations
   5. Any clinical issues that are identified during performance evaluations or quality improvement activities
6. SNF’s or NF’s who have CCDI units have state specific dementia training requirements for staff who work in the unit. Chapter 481.58 describes the requirements for those employees:

58.54(6) All staff working in a CCDI unit or facility shall have training appropriate to the needs of the residents. (II, III)

a. Upon assignment to the unit or facility, everyone working in the unit or facility shall be oriented to the needs of people with chronic confusion or dementing illnesses. They shall have special training appropriate to their job description within 30 days of assignment to the unit or facility. (II, III) The orientation shall be at least six hours. The following topics shall be covered:

(1) Explanation of the disease or disorder; (II, III)

(2) Symptoms and behaviors of memory-impaired people; (II, III)

(3) Progression of the disease; (II, III)

(4) Communication with CCDI residents; (II, III)

(5) Adjustment to care facility residency by the CCDI unit or facility residents and their families; (II, III)

(6) Inappropriate and problem behavior of CCDI unit or facility residents and how to deal with it; (II, III)

(7) Activities of daily living for CCDI residents; (II, III)

(8) Handling combative behavior; (II, III) and IAC 12/20/17 Inspections and Appeals [481] Ch 58, p.45

(9) Stress reduction for staff and residents. (II, III)

b. Licensed nurses, certified aides, certified medication aides, social services personnel, housekeeping and activity personnel shall have a minimum of six hours of in-service training annually. This training shall be related to the needs of CCDI residents. The six-hour training shall count toward the required annual in-service training. (II, III)