

March 23, 2017

Renee Purzycki, Social Service Chief Administrator
Office of the Director for the Division of Long Term Care Residents Protection
Delaware Department of Health and Social Services
3 Mill Road, Suite 308
Wilmington, DE 19806

RE: DLTCRP Proposed Certified Nursing Assistants Regulation [20 DE Reg. 693 (March 1, 2017)]

Dear Ms. Purzycki:

The Governor's Advisory Council for Exceptional Citizens (GACEC) has reviewed the Division of Long Term Care Residents Protection (DLTCRP) proposal to do a full revision of the existing regulation covering certified nursing assistants. Council would like to share the following observations.

First, there are a few typographical errors:

- A. In §2.3.10, there appears to be an extraneous comma after the term "CNA".
- B. In Appendix A, Psychosocial Needs Module, Competencies Section, 6th bullet, there is a reference to "self-care".
- C. In Appendix A, Physical Needs Module, Competencies Section, 15th bullet from the end, there is a reference to "self-help".

Second, per section 2.3.7, CNAs are exempt from fulfilling recertification requirements if on active military duty in a "theater of hostilities". This may be unduly narrow and could be expanded to cover active duty military not in a "theater of hostilities". Furthermore, granting such individuals only 30 days to complete 24 hours of community education post deployment is seemingly too short

a timeframe.

Third, the qualifications of trainers may benefit from enhancement. An RN with only two years of overall experience and one year of clinical experience (§3.2.1) and supplemental personnel (e.g. occupational, physical or speech therapist) with only one year of experience (§3.6.1) are authorized to serve as CNA training program instructors. These are relatively weak credentials to teach a wide array of skills to CNA trainees. While a nurse with one year of clinical experience in an NSF may have been exposed to many types of needs, a nurse with more years of experience would generally have greater exposure to a variety of patients and treatment modalities.

Fourth, section 3.3.2 requires instructors to have “experience teaching adults in a group classroom/clinical setting.” There are two concerns with this provision. First, experience teaching in a classroom versus a clinical setting should not be treated as interchangeable. Second, the Division may wish to adopt a more precise experience standard than the “open ended” provision in §3.3.2.

Fifth, §3.10 lists minimum equipment to be available for training. It would benefit from some additions.

A. Appendix A, Psychosocial Skills Module, Competencies Section, includes the following skill: “Recognize and utilize augmentative communication devices and methods of nonverbal communication.” Likewise, Appendix A, Physical Needs Module, Competencies Section, includes the following skill: “Demonstrate use of assistive devices”. It would therefore make sense to include a typical Augmentative and Alternative Communication (AAC) device in the list of minimum equipment in §3.10.

B. Appendix A, Physical Needs Module, Competencies Section, includes the following recital “Assist the resident/patient with ambulation aids, including, but not limited to cane, quad-cane, walker, crutches, wheelchair and transfer aids, such as a mechanical lift.” These forms of assistive technology (AT) are included in §3.10 with the exception of the mechanical lift. DLTCRP may wish to consider adding mechanical lift to the list of minimum equipment.

C. Appendix A, Physical Needs Module, Competencies Section, includes the following recitals: “Assist the resident/patient with oral hygiene, including prosthetic devices” and “Administer oral hygiene for the unconscious resident/patient”. In contrast, §3.10 omits all oral hygiene devices, including water flossers, electric toothbrushes, and ultrasonic denture cleaners.

D. Appendix A, Physical Needs Module, Competencies Section, includes the following recital: “Accurately measure and record with a variety of commonly used devices: blood pressure, height and weight, and temperature, pulse, respiration. Section 3.10 would benefit from the addition of a pulse oximeter.

Sixth, §4.3.1 could be clarified to note that it only applies to CNAs who have previously worked in a facility. Otherwise, the 80 hour orientation requirement in §4.1.1 would apparently apply.

Seventh, §5.3.6 could be improved by clarifying an individual's option to be represented by an attorney of the individual's choice.

Thank you for your consideration of our observations. Please contact me or Wendy Strauss at the GACEC office if you have any questions.

Sincerely,

Dafne A. Carnright
Chairperson

DAC:kpc