



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
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**ADMINISTRATOR-IN-TRAINING
 INTERNSHIP EVALUATION CHECKLIST**

Please check the appropriate spaces below indicating those areas in which your administrator-in-training has had practical experience under supervision in your facility, and has demonstrated ability to carry out specific responsibilities in the practice of nursing home administration - **FROM:** _____ **TO:** _____.

*Both the preceptor (administrator of the home), and the intern (administrator-in-training or assistant administrator), should certify and date the form.

**A statement should be made on the reverse side or on a separate sheet of paper giving the preceptor's opinion as to whether they believe the intern is capable of efficiently administering a nursing home without supervision.

ADMINISTRATOR-IN-TRAINING: _____

NAME OF FACILITY: _____

LOCATION: _____ **# OF BEDS:** _____

I. GENERAL STANDARDS

A. Federal - State Regulations

- | | | | |
|--------------------------|-------|------------------------|-------|
| Fire Codes - Fire Drill | _____ | Distribution | _____ |
| Disaster Plan | _____ | Trays | _____ |
| Safety Measures | _____ | Dining Room | _____ |
| Oxygen Usage | _____ | Preparation - hot/cold | _____ |
| Facility Licensure | _____ | Spoilage - Disposal | _____ |
| Building Codes | _____ | Sanitation Codes | _____ |
| Orientation to Home | _____ | Disease - Transmission | _____ |
| Related Responsibilities | _____ | Disaster Plan - | _____ |
| | | Emergency Feeding | _____ |

B. Environmental Factors

- | | | | |
|---------------------|-------|--------------------|-------|
| Dietary Regulations | _____ | Patient - Centered | _____ |
| Food Service | _____ | Hoise | _____ |
| Storage | _____ | Color | _____ |
| Handling | _____ | Temperature | _____ |
| Hygiene | _____ | Lighting | _____ |
| Dishwashing | _____ | | |

AIT CHECK-LIST - Page 2

Safety _____
 Side rails _____
 Bathroom Guards _____
 Accident Prevention _____

Personnel Management
 Personnel Policies
 Orientation _____
 Job Training _____
 In-Service Education _____

C. Hygiene Factors

Housekeeping _____
 Disease/Pest Control _____
 Bacteriology Factors _____
 Cleanliness _____
 Prevention of odors _____

Employee Practice _____
 Handwashing _____
 Management of Isolation _____

Equipment _____
 Nursing Practices _____
 Clean & Sterile _____
 Cross-contamination _____
 Disposal of contaminants _____
 Laundry _____
 Equipment _____
 Proper Care & Handling _____
 of Equipment _____

Contract Arrangements _____
 Job Descriptions & Work _____
 Schedules _____

Laws & Regulations _____
 Unempl. Compen. _____
 Social Security _____
 Workmen's Compen. _____
 Fair Labor Laws _____
 Wages & Hours _____
 Union Contracts _____
 Collective Bargaining _____
 Safety Acts & Regs. _____
 Local, State & Federal _____
 Reports _____

Institutional Management
 Purchasing Equipment
 Admissions & _____
 Discharges _____
 Charges _____
 Refunds _____
 Transfers _____
 Death _____
 Burial _____

II. GENERAL ADMINISTRATION

A. Organization & Management

Goals & Obj. of Nursing Home _____
 Administrator Manual _____
 Policy Manual _____
 Specific Departments _____
 Nursing _____
 Dietary _____
 Housekeeping _____
 Maintenance _____

B. Business Management

Office Procedures _____
 Bookkeeping _____
 Budgeting & Controls _____
 Cash Flow _____
 Cost-accounting & _____
 analysis _____

AIT CHECK-LIST - Page 3

Payroll-control & analysis _____
Record Keeping _____

Insurance _____
Fire & Extended Cover. _____
Malpractice _____

C. Financial Management

Third-party Payers _____
Medicare _____
Medicaid _____
Insurance _____
V.A. _____

D. Community Interrelationships

Public Relations _____
Volunteer Groups _____
Community Health Plan _____
Government Agencies _____

III. PATIENT-RELATED CARE

A. Patient as a Person

Individual Differences _____
Psychology of Human Behavior _____
Citizen Rights _____
Family & Needs _____

B. Patient as a Resident of N.H.

Health Component _____
Disease Process _____
Health Care Plan _____
Terminology _____

Admission Procedures _____
Orientation _____
Placement _____
Readjustment _____

Restorative Measures _____
Activities for Daily Living _____
Activities & Recreat. _____
Group Interaction _____
Remotivation _____

Relationships with Staff/ Administration _____
Individual Differences _____

C. Patient as an Aging Person

Food-Nutrition of Elderly _____
Basic Food Needs _____
Special Diets _____
Malnutrition & Aging _____
Palatable Food _____

Dining Atmosphere _____
Pleasures of Eating _____
Modifications _____
Dining Room _____
Tray Service _____
Volume Distribution _____
Feeding _____

Shelter - Privacy _____
Safety _____
Heat & Fresh Air _____
Cleanliness _____

Clothing - Individual _____
Laundering _____
Purchasing & Safety _____

AIT CHECK-LIST - Page 4

Money & Valuables _____
Security _____

People _____
Family & Friends _____
Interaction Needs _____

Recruitment _____
Interview techniques _____
Level Expectations _____
Selection _____
Licensure _____
Requirements _____

D. Patient's Therapeutic Needs

Observations & Changes _____
Meaningful Interpretations _____

Utilization Review Comm _____
Administrator's Role _____
Physician _____
Nursing Director _____
Social Worker _____

Revisions of Health Care Plan _____

Interdisciplinary Roles _____

P.T. _____
O.T. _____
Clergy _____
Family _____
Civic _____
Dentist _____
Podiatrist _____
Laboratory _____
X-Ray _____
Dietitian _____
Social Worker _____
Visiting Nurse Association _____
Pharmacist _____

Professional & Medical _____
Ethics _____
Employee Conduct _____
Privacy of Patient's _____
Record _____
Nurs. Home Policy _____
Misinformation _____

Pharmaceutical Services _____
Storage/Safety/Narcotic Laws _____
Drugs - Alcohol _____

Employee Health Service _____
Pre-Employment _____
Physical Exam _____
Routine Preventive _____
Measures _____
Emergency Situation _____
Plans _____

E. The Patient - Physician & Personnel

Relationships with Physician _____
Patient _____
Nursing Home _____
Administrative Staff _____
Interrelationship of all _____

COSIGNATURES

To the best of my knowledge, I agree that the information listed on this form is accurate.

Preceptor: _____ Date

Title: _____ License No. _____

AIT: _____ Date

COMMENTS: _____
