

**DISTRICT OF
COLUMBIA
MUNICIPAL
REGULATIONS
for
CERTIFIED
NURSE
AIDES**

CHAPTER 96: CERTIFIED NURSE AIDES

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9600 GENERAL PROVISIONS

- 9600.1 This chapter applies to applicants for, and holders of, a certification to practice as a certified nurse aide (CNA). The chapter supersedes Chapter 32 of Title 29 of the District of Columbia Municipal Regulations (DCMR).
- 9600.2 Any person certified, on the effective date of these provisions, as a nurse aide in accordance with Chapter 32 of Title 29 of the DCMR is considered for all purposes to be certified under this chapter for the duration of the term for which the certification was issued, and may renew, reinstate, or reactivate that certification in accordance with the appropriate provisions of this chapter.

- 9600.3 All CNAs shall be registered in accordance with § 9651.
- 9600.4 No person may practice as a nurse aide except in accordance with this chapter. Nor shall any person refer to him or herself as a nurse aide, nursing assistant, or CNA unless he or she is certified in accordance with this chapter.
- 9600.5 A CNA may provide nursing care services in a home setting under the following conditions:
- (a) A registered nurse licensed pursuant to Chapter 54 of this title shall have attested to the CNA's competency in functions related to providing nursing services in a home care setting such as home safety and infection control in a home;
 - (b) The CNA shall provide the services only under supervision of a registered nurse licensee pursuant to Chapter 54 of this title and pursuant to the assignment permitted under section 9313 of this title; and
 - (c) The CNA may perform home health aide and personal care aide tasks including those enumerated in section 9315 of this title and shall be subject to the standards of conduct and practice required for a home health aide pursuant to chapter 93.
- 9600.6 Any reference to or use of the word "certified nursing assistant" shall mean certified nurse aide under this chapter.
- 9600.7 Chapters 40 (Health Occupations: General Rules), 41 (Health Occupations: Administrative Procedures), 54 (Practical Nursing), and 55 (Registered Nursing) of this title supplement this chapter.

9601 NURSE AIDE CERTIFICATION

- 9601.1 No person shall practice as a CNA in the District of Columbia longer than four (4) months without first being certified by the Board.
- 9601.2 A nurse aide shall be certified pursuant to § 9604.1 and registered by the Board pursuant to § 9651.1 within four (4) months of his or her hire date. If a nursing assistant who is not certified changes employment from one (1) long-term care facility to another, the time he or she was employed in the first facility shall count towards the four (4) month period for employment.

9602 TERM OF CERTIFICATION

9602.1 Subject to § 9601.1, a certification issued pursuant to this chapter shall expire at 11:59 p.m. on October 31 of each odd-numbered year.

9602.2 The Director may modify the renewal system pursuant to § 4006.3 of Chapter 40 of this title and may modify the date on which a certification expires.

9603 CRIMINAL BACKGROUND CHECK

9603.1 A person applying for certification as a CNA shall undergo a criminal background check (CBC) prior to issuance of the certification.

9603.2 After issuance of an initial certification, the applicant shall undergo an additional CBC as determined by Title 17 DCMR Chapter 85.

9603.3 The Board shall review the applicant's positive CBC results.

9604 GENERAL REQUIREMENTS FOR NURSE AIDE CERTIFICATION

9604.1 An applicant for certification as a CNA shall:

- (a) Be at least eighteen (18) years of age;
- (b) Meet the requirements of § 9603.1;
- (c) Submit evidence of successfully passing a certification examination offered by one (1) of the following:
 - (1) A Board-approved nurse aide assessment program; or
 - (2) Other certification program recognized by the Centers for Medicare and Medicaid Services (CMS) and the Board.
- (d) Submit a completed application to the Board along with any other documents that may be required by the Board.

9604.2 An application that remains incomplete for ninety (90) days or more from the date of submission may be considered abandoned and closed by the Board. The applicant shall thereafter be required to reapply, comply with the current requirements for certification, and pay the required fees.

9605 REQUIREMENTS FOR NURSE AIDE CERTIFICATION BY EXAMINATION

9605.1 To qualify for certification by examination, an applicant shall:

- (a) Receive a passing score on the National Council of State Boards of Nursing, Inc. (NCSBN) National Nurse Aide Assessment Program (NNAAP) or another national examination approved by the Board; and
- (b) Meet requirements of this chapter.

9605.2 To apply for authorization to take the NNAAP, an applicant shall provide proof of one of the following:

- (a) Successful completion of a CNA program or bridge to nurse aide program, within the past twenty-four (24) months, approved by the Board or by a nursing Board in the United States with standards determined by the Board to be substantially equivalent to the standards in the District of Columbia; or
- (b) Successful completion of a practical nursing or registered nursing “Fundamentals of Nursing” course with a minimum forty (40) hours clinical component which includes skills as specified in § 9615; or
- (c) Completion of a credentials evaluation by an organization recognized by the Board, indicating equivalent education as a registered nurse or licensed practical nurse for nurses educated outside of the United States.

9605.3 To request special accommodations for an examination, an applicant shall submit in writing, the following information:

- (a) A letter from the appropriate health professional which confirms the applicant’s disability and provides information describing the accommodations required; and
- (b) A letter from the applicant’s education program, indicating what accommodations were granted by the program.

9605.4 If an applicant has not taken or passed the nurse aide certification examination for more than twenty-four (24) months after the date the applicant becomes eligible to apply to take the examination, the applicant shall comply with requirements set forth in § 9605.1 (a).

9606 REQUIREMENTS FOR NURSE AIDE CERTIFICATION BY ENDORSEMENT

9606.1 An applicant currently working in another jurisdiction as a CNA shall apply for CNA by endorsement in order to work in the District of Columbia as a CNA.

9606.2 An applicant for endorsement as a CNA shall provide proof of the following:

- (a) Current unencumbered registration or certification as a CNA in another jurisdiction; and
- (b) Meeting the requirements of § 9604.

9607 NURSE AIDE CERTIFICATION RENEWAL

9607.1 To qualify for the renewal of a certification, an applicant shall meet the following requirements:

- (a) Having performed at least eight (8) hours of functions enumerated in § 9615.1 for compensation during the prior twenty-four (24) months;
- (b) Having completed, during the two (2) years before the expiration of the certification, twenty-four (24) hours of in-service training or continuing education relevant to the functions of nurse aides and meeting the following requirements:
 - (i) Two (2) hours shall be in cultural competency or specialized clinical training focusing on patients or clients who identify as lesbian, gay, bisexual, transgender and queer in accordance with D.C. Official Code § 3-1205.10 (b)(5); and
 - (ii) Ten percent (10%) of the total shall be in subjects determined by the Director as public health priorities of the District, which shall be duly published every five (5) years or as deemed necessary; and
- (c) Having received criminal background check clearance in accordance with § 9603.

9607.2 Applicants who have another active District of Columbia certification as a nursing assistive personnel may apply continuing education hours to NAP renewal requirements.

9607.3 The Board may conduct a random audit of renewal applicants or certified Nurse Aides to determine compliance with § 9607.1.

9607.4 The Board shall have the authority to modify the number of hours of in-service training or continuing education required pursuant to § 9607.1(b) for good cause or if an extraordinary circumstance necessitates such modification.

9608 REQUIREMENTS FOR INACTIVE STATUS AND REACTIVATION OF CERTIFICATION

9608.1 A CNA with an active certification may request to be placed on inactive status.

9608.2 While on inactive status, the individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice as a CNA in the District of Columbia.

9608.3 To reactivate an inactive status, an individual shall:

- (a) Apply to the Board for reactivation of the certification;
- (b) Provide evidence of having completed twenty-four (24) hours of in-service training or continuing education within the past two (2) years prior to submission of an application;
- (c) Provide evidence of current CNA certification or registration in another jurisdiction; and
- (d) Provide evidence of having worked, providing nursing services a minimum of eight (8) hours within the past two (2) years prior to submission of an application.

9609 REQUIREMENTS FOR REINSTATEMENT OF EXPIRED NURSE AIDE CERTIFICATION

9609.1 If a CNA fails to renew his or her certification, the Board shall reinstate the certification if the applicant:

- (a) Applies to the Board for reinstatement of the certification within five (5) years after the certification expires;
- (b) Provides evidence of having completed twenty-four (24) hours of in-service training or continuing education within the past two (2) years prior to submission of an application;
- (c) Provides evidence of current CNA certification or registration;
- (d) Provides evidence of having worked for a minimum of eight (8) hours within the last twenty-four (24) months as a CNA; and
- (e) Completes a CBC as required in accordance with Title 17 DCMR Chapter 85.

9609.2 If a CNA does meet the requirements specified in § 9609.1 and fails to apply for reinstatement within five (5) years after his or her certification expires, the applicant shall meet the requirements for certification pursuant to § 9605.

9610 [RESERVED]

9611 [RESERVED]

9612 [RESERVED]

9613 ASSIGNMENT AND DELEGATION OF NURSING CARE TASKS

9613.1 A registered nurse, licensed practical nurse, nurse practitioner, clinical nurse specialist or physician may assign or delegate tasks to a CNA that are among the authorized tasks listed in § 9615.1.

9613.2 A CNA shall not practice independently but shall work under the supervision of an RN or LPN or other authorized licensed health care professional.

9613.3 The delegation or assignment shall comply with the standards for delegation listed in 17 DCMR § 5415 (Registered Nurse) and assignments listed in 17 DCMR § 5515 (Licensed Practical Nurse). Nursing care tasks that may be delegated or assigned shall be determined by:

- (a) The knowledge and skills of the CNA;
- (b) Verification of the clinical competence of the CNA by the employing agency;
- (c) The stability of the client's condition, including factors such as predictability, absence of risk of complication, and rate of change in health status; and
- (d) The variables in each health care setting which include, but are not limited to:
 - (1) The accessible resources and established policies, procedures, practices, and channels of communication that lend support to the type of nursing tasks being delegated;
 - (2) The complexity and frequency of care needed by a given client population; and
 - (3) The accessibility of an RN or LPN.

9613.4 Nursing tasks that inherently involve on-going assessment, interpretation, or decision making that cannot be logically separated from one or more procedures shall not be delegated to the CNA.

9614 [RESERVED]

9615 CERTIFIED NURSE AIDE TASKS

- 9615.1 Under the supervision of an RN or LPN or other authorized licensed health professional, a CNA may perform the following tasks:
- (a) Provide effective communication and interpersonal skills;
 - (b) Maintain infection control;
 - (c) Provide safety and emergency procedures;
 - (d) Promote a patient's independence;
 - (e) Recognize and report abuse;
 - (f) Basic nursing skills which include:
 - (1) Measuring and recording vital signs;
 - (2) Measuring and recording height and weight;
 - (3) Observing and reporting pain;
 - (4) Recognizing abnormal signs and symptoms of common diseases and conditions;
 - (5) Applying clean bandages;
 - (6) Assisting with admitting, transferring, or discharging patients; and
 - (7) Applying and removing elastic stockings;
 - (g) Personal care skills, including but not limited to:
 - (1) Bathing, skin care, and dressing;
 - (2) Oral and denture care;
 - (3) Shampoo and hair care;
 - (4) Fingernail care;
 - (5) Toileting, perineal and ostomy care; and
 - (6) Feeding and hydration, including proper feeding techniques and use of assistive devices in feeding;

- (h) Mental health and social welfare care such as:
 - (1) Responding appropriately to behavior;
 - (2) Providing care, sensitive to religion, national origin, gender identity, and sexual orientation; and
 - (3) Providing care to dying patients;
- (i) Basic restorative services such as:
 - (1) Transferring, ambulation, eating, and dressing changes;
 - (2) Range of motion exercises;
 - (3) Proper turning and positioning in bed and chair;
 - (4) Bowel and bladder training;
 - (5) Care and use of prosthetic and orthotic devices; and
 - (6) Changing dry dressings;
- (j) Patient's rights such as:
 - (1) Providing privacy and maintaining confidentiality;
 - (2) Promoting the patient's rights to make personal choices to accommodate his or her needs;
 - (3) Giving assistance in resolving grievances and disputes;
 - (4) Providing needed assistance in getting to and participating in patient and family groups and other activities;
 - (5) Maintaining care and security of a patient's personal possessions;
 - (6) Providing care which ensures that the patient is free from abuse, mistreatment, and neglect and the need to report any such instances to appropriate facility staff; and
 - (7) Maintaining the patient's environment and care to avoid the need for restraints.

9616**[RESERVED]**

9617 DISCIPLINE

- 9617.1 The Board may revoke, suspend, or deny registration of any CNA who is convicted of any of crime involving moral turpitude pursuant to D.C. Official Code § 3-1205.14(a)(4) (2016 Repl. & 2018 Supp.).
- 9617.2 In addition to any other disciplinary action it may take, it may impose a civil penalty of not more than five thousand dollars (\$5,000) per violation as provided by D.C. Official Code § 3-1205.14(c) (5) (2016 Repl.), or file a letter of concern if the Board believes there is insufficient evidence to support direct action against a CNA.
- 9617.3 Grounds for denial, suspension, revocation or other discipline of a CNA include the inability to function with reasonable skill and safety for the following reasons and for any additional acts as specified in D.C. Official Code § 3-1205.14 (2016 Repl.):
- (a) Substance abuse or other chemical dependency;
 - (b) Client or patient abandonment;
 - (c) Fraud or deceit, which may include but is not limited to:
 - (1) Filing false credentials;
 - (2) Falsely representing facts on an application for initial certification, reinstatement or renewal; or
 - (3) Giving or receiving assistance in taking the competency evaluation;
 - (d) Client or patient neglect, abuse or misappropriation of funds;
 - (e) Boundary violations;
 - (f) Unsafe client care;
 - (g) Performing acts beyond the CNA's range of functions or beyond those tasks delegated;
 - (h) Misappropriation or misuse of property;
 - (i) A criminal conviction;
 - (j) Failure to conform to acceptable standards of practice as a CNA;
 - (k) Putting clients or patients at risk of harm; or

- (l) Violating the privacy or failing to maintain the confidentiality of client information.

9617.4 A CNA who is unable to perform his or her duties due to drug or alcohol dependency or mental illness may utilize the services offered under the Nurse's Rehabilitation Program pursuant to D.C. Official Code §§ 3-1251.01, *et seq.* (2016 Repl.).

9617.5 The Board may refer for criminal prosecution any violation of the Health Occupations Revision Act, effective March 15, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14) (2016 Repl.)) that it deems appropriate.

9618 ACTION ON COMPLAINTS OF RESIDENT NEGLECT AND ABUSE, AND MISAPPROPRIATION OF RESIDENT PROPERTY

9618.1 The Board will review all allegations of resident neglect and abuse, and misappropriation of resident property.

9618.2 The Board shall not make a finding that an individual has neglected a resident if the individual demonstrates that the neglect was caused by factors beyond the control of the individual.

9618.3 If there is reason to believe, either through oral or written evidence that an individual used by a facility to provide services to residents could have abused or neglected a resident or misappropriated a resident's property, the Board will investigate the allegation.

9618.4 If the Board makes a preliminary determination, based on oral or written evidence and its investigation, that the abuse, neglect or misappropriation of property occurred, within ten (10) working days of the Board's findings, it shall notify:

- (a) The individual(s) implicated in the findings;
- (b) The individual(s) of a right to a hearing;
- (c) The current administrator of the facility in which the incident occurred; and
- (d) The administrator of the facility that currently employs the individual, if different from the facility in which the incident occurred.

9618.5 Pursuant to § 9618.4(b), the hearing notice shall include:

- (a) A description of the allegations made against the CNA;
- (b) The proposed findings from the investigation;

- (c) A statement that the CNA may challenge the charges against him or her, by submitting a written request within twenty (20) days from the date of service of the notice on a prescribed form;
- (d) Notification that his or her name will be listed in the CNA Abuse Registry, as having knowingly abused or neglected a resident or misappropriated a resident's property while providing services in a facility, unless the CNA requests a hearing and the charges against him or her are not proven;
- (e) The consequences to the CNA of being listed in the CNA Abuse Registry;
- (f) The consequences of a finding through the hearing process that the alleged resident abuse or neglect, or misappropriation of resident property did occur; and
- (g) The fact that the individual has a right to be represented by an attorney at the individual's own expense.

9618.6 The Board shall complete the hearing and the hearing record within one hundred twenty (120) days from the day it receives the request for a hearing.

9618.7 If, following a hearing, neglect, abuse, or misappropriation of a resident's property has been substantiated, or if an individual waives the right to a hearing after a complaint alleging neglect, abuse, or misappropriation has been substantiated, the Board shall report the findings to the CNA Abuse Registry within ten (10) working days.

9618.8 The following information on any substantiated finding by the Board, of abuse, neglect, or misappropriation of property of an individual shall be placed on the nurse aide abuse registry:

- (a) Documentation of the Board's investigation, including the nature of the allegation and the evidence that led the Board to conclude that the allegation was valid;
- (b) The date of the hearing, if the individual chose to have one, and its outcome; and
- (c) A statement by the individual disputing the allegation, if he or she chooses to make one.

9618.9 This information shall remain in the registry permanently, unless the finding was made in error, the individual was found not guilty in a court of law, or the District is notified of the individual's death.

9619 [RESERVED]

9620 STANDARDS FOR TRAINING PROGRAMS

- 9620.1 No institution shall provide CNA training in the District of Columbia unless its training program has been approved by the Board.
- 9620.2 The following types of institutions may apply for approval to provide CNA training:
- (a) Private, degree-granting educational institutions operating or incorporated in the District of Columbia which are licensed by Higher Education Licensure Commission (HELIC) pursuant to the Institution Licensure Act of 1976 (D.C. Law 1-104; D.C. Official Code §§ 38-1301, *et seq.* (2016 Repl.));
 - (b) Private, non-degree post-secondary schools operating in the District of Columbia which are licensed by the HELIC;
 - (c) District of Columbia public vocational or trade schools;
 - (d) District of Columbia public universities or colleges; and
 - (e) Hospitals, and health care facilities licensed as training facilities by the HELIC and operating in the District of Columbia that have received no adverse action during the preceding two (2) years.
- 9620.3 The Board shall consider any one (1) of the following as an adverse action which shall preclude a health care facility from providing CNA training:
- (a) The termination, restriction, or revocation of the facility's participation or enrollment in the Medicaid or Medicare program;
 - (b) Provisional or restricted licensure of the facility, provided it is not a new facility; or
 - (c) If the facility has a provider agreement of less than one (1) year.

9621 SUPERVISED PRACTICE OF TRAINEES

- 9621.1 A nurse aide trainee may practice only in accordance with the District of Columbia Health Occupations Revision Act of 1985, effective March 15, 1986 (Act) (D.C. Law 6-99; D.C. Official Code §§ 3-1203.01, *et seq.* (2016 Repl.)) and this chapter.
- 9621.2 A trainee who is fulfilling educational requirements of this chapter may engage in supervised practice without a District of Columbia certification.

- 9621.3 All supervised practice of a trainee shall take place under the general or immediate supervision of an RN or LPN.
- 9621.4 A trainee shall identify himself or herself as a trainee before practicing.
- 9621.5 A trainee shall not receive compensation of any nature, directly or indirectly, from a client or a client's family member.
- 9621.6 The nurse supervising the trainee shall be responsible for all practice by a trainee during the period of supervision and may be subject to disciplinary action for trainee violations of the Act or this chapter.
- 9621.7 The Board may deny an application for certification by, or take other disciplinary action against, a trainee who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the trainee.
- 9622 [RESERVED]**
- 9623 [RESERVED]**
- 9624 TRAINING PROGRAM APPROVAL PROCEDURES**
- 9624.1 Each institution applying for a certificate of approval to provide nurse aide training shall do the following:
- (a) Submit to the Board, at least one hundred eighty (180) days in advance of the scheduled starting date, a statement of intent to establish a CNA training program;
 - (b) Submit to the Board an application for a certificate of approval which contains the following information:
 - (1) A statement of purpose;
 - (2) A statement of need for the training program in the District of Columbia;
 - (3) A description of the proposed program's potential effect on existing nursing assistant training programs in the area;
 - (4) The organizational structure of the institution showing the relationship of the proposed training program within the organization;

- (5) Evidence of financial resources adequate for planning, implementation, and continuation of the program;
 - (6) Licensure status of the proposed training facility;
 - (7) The qualification of proposed instructors;
 - (8) The number of full-time equivalent budgeted instructor positions;
 - (9) Evidence of the availability of adequate clinical facilities for the training program;
 - (10) A description of the anticipated trainee population including admission and graduation criteria, health requirements, and named entrance examination;
 - (11) Tentative time schedule for planning and initiating the program;
 - (12) Fee schedules; and
- (c) Submit to the Board the one thousand dollar (\$1000) application fee.

9624.2 Schools currently non-compliant with the Board's regulatory requirements for existent programs are not eligible to submit an application to establish an additional program.

9624.3 After reviewing the application, based on the applicant's compliance with § 9627, a decision shall be made to:

- (a) Approve the application;
- (b) Defer approval if additional information is needed; or
- (c) Deny approval of the application.

9624.4 If an application approval has been granted, a site visit may be conducted.

9624.5 After reviewing the site visit report and the applicant's compliance with § 9632, the Board shall vote to approve, deny, or defer program approval for resource, facility, or service concerns.

9624.6 The nurse coordinator for each facility or institution approved to provide training shall attend a Board sponsored orientation.

9624.7 A training program shall not admit trainees to the program before the program has been approved by the Board.

9624.8 If the application is denied, the applicant may not resubmit an application until one (1) year has passed from the last submission.

9625 PERIODIC REVIEW OF APPROVED PROGRAMS

9625.1 Programs approved by the Board to train CNAs shall submit to the Board an annual report and the five hundred dollar (\$500) fee in accordance with procedures established by the Board.

9625.2 The Board shall annually re-evaluate the nurse aide training programs.

9625.3 The Board may make unannounced visits to review and assess each nurse aide training program to ensure that the program is in compliance with the training requirements in §§ 9627, 9628, 9631 and 9632.

9625.4 The Board shall assess each training program on the basis of visits to the facility, the progress of the training program, annual reporting and any other information deemed appropriate by the Board.

9625.5 Three (3) levels of non-compliance for training programs include:

(a) Level 1 non-compliance:

- (1) Up to five percent (5%) of student records reviewed during site visits are out of compliance with § 9631;
- (2) Program is in compliance with Sections §§ 9627, 9628, and 9632; or
- (3) Annual certification pass rates are below seventy-five percent (75%) but no lower than seventy percent (70%);

(b) Level 2 non-compliance:

- (1) Between six percent (6%) and twenty percent (20%) of student records reviewed during site visits are out of compliance with § 9631;
- (2) Program is non-compliant with only one (1) of the sections: §§ 9627, 9628, or 9632; or
- (3) Annual certification pass rates are below seventy percent (70%) but no lower than sixty-five percent (65%);

(c) Level 3 non-compliance:

- (1) Twenty-one percent (21%) or more of student records reviewed during site visits are out of compliance with § 9631;
- (2) Program is non-compliant with more than one (1) of the sections: §§ 9627, 9628, or 9632; or
- (3) Annual certification pass rates are below sixty-five percent (65%).

9625.6 The Board will issue the sanctions to programs for non-compliance violations listed below including, but not limited to:

- (a) Level 1 non-compliance:
 - (1) Conditional Approval;
 - (2) Corrective action plan is due within thirty (30) days of receipt of the status letter; and
 - (3) Site visit to review and assess implementation of the corrective actions within six (6) months.
- (b) Level 2 non-compliance:
 - (1) Conditional Approval;
 - (2) Restricted Admissions;
 - (3) Board will recommend actions to correct deficiencies; and
 - (4) Corrective action plan is due within thirty (30) days of receipt of the status letter;
 - (5) Site visit to review and assess implementation of the corrective actions within six (6) months;
 - (6) Pass rates reviewed in six (6) months; and
 - (7) Fine of up to two thousand dollars (\$2000) if not in full compliance by the next annual review.
- (c) Level 3 non-compliance:
 - (1) Warning Status;
 - (2) Restricted Admissions;

- (3) Hire consultant to assist in developing and implementing actions to correct deficiencies;
- (4) Consultant's report is due to the Board within sixty (60) days;
- (5) Site visit to review and assess implementation of corrective actions within six (6) months;
- (6) Pass rates reviewed in six (6) months; and
- (7) Fine of up to three thousand (\$3000) if not in full compliance by the next annual review.

9625.7 The Board shall withdraw approval of a training program in non-compliance if:

- (a) It determines that the program has failed to implement the approved corrective action plan.
- (b) The program has failed to correct deficiencies within time period specified by the Board; or
- (c) The education institution loses its licensure.

9625.8 The Board shall investigate all credible and timely complaints made against a program and may conduct hearings in connection with such complaints.

9625.9 Any Board action for suspension or withdrawal of a training program's approval shall take place only upon notice to the program and the opportunity for a hearing in accordance with D.C. Official Code § 3-1205.14 (2016 Repl.).

9626 [RESERVED]

9627 NURSE AIDE TRAINING PROGRAM REQUIREMENTS

9627.1 Training programs shall use Board approved CNA model curriculum, that consists of classroom, skills laboratory, and supervised practice hours and may be amended from time to time.

9627.2 All CNA training programs shall have adequate faculty and clinical facilities to provide supervised clinical experience with early, realistic exposure to job requirements. The clinical experience shall include the full range of skills needed in the workplace.

9627.3 The program must maintain seventy-five percent (75%) pass rate on the District of Columbia's competency evaluation each year.

- 9627.4 Each training program shall have a sufficient number of qualified instructors to meet the purposes and objectives of the program.
- 9627.5 The training program shall be coordinated by an RN, who:
- (a) Has a current, unencumbered District of Columbia license pursuant to D.C. Official Code § 3-1205.14 (2016 Repl.); and
 - (b) Has at least two (2) years of full-time or full-time equivalent experience as an RN with clinical experience in the clinical practice setting he or she is coordinating.
- 9627.6 The CNA program coordinator shall be a qualified registered nurse with institutional authority and administrative responsibility for the program.
- 9627.7 The program coordinator's responsibilities shall include, but are not limited to:
- (a) Ensuring that the curriculum is coordinated and implemented in accordance with the chapter;
 - (b) Establishing the responsibilities of the instructors;
 - (c) Ensuring that each instructor meets the qualifications as specified in this chapter;
 - (d) Ensuring that each student is properly supervised during the student's clinical experience; and
 - (e) Reporting annually and respond upon request to the Board.
- 9627.8 Each instructor shall have the following minimum qualifications:
- (a) Be licensed or certified in his or her profession in the District of Columbia;
 - (b) Have completed a course in teaching adults or have experience in teaching adults and supervising nursing assistants; and
 - (c) Have a minimum of two (2) years of experience as a registered nurse or licensed practical nurse, providing direct patient care during the five (5) years immediately preceding the date of the written agreement.
- 9627.9 The ratio of instructor to trainees in a clinical setting shall not exceed one (1) instructor to eight (8) trainees.

9627.10 Each training program shall have a record or attestation that trainees received information in writing on the policies governing admission, retention, dismissal, and the course requirements of the training program.

9628 MINIMUM QUALIFICATIONS FOR NURSE AIDE TRAINEES

9628.1 Each trainee shall be required to take a Board-approved pre-admission examination to assess reading, writing, and math skills prior to enrollment in a training program.

9628.2 English literacy shall be established on the Comprehensive Adult Student Assessment Systems e-test, General Assessment of Instructional Needs - Wonderlic, or Tests for Adult Basic Education at a minimum 5th grade level.

9628.3 Each trainee shall provide evidence of vaccination or immunity to communicable diseases prior to admission.

9628.4 Each trainee shall attest in writing to receiving information on:

- (a) The policies governing admission, retention, dismissal, and the course requirements of the training program; and
- (b) Certification requirements including CBC and examination.

9629 [RESERVED]

9630 CLOSING OF EDUCATION AND TRAINING PROGRAMS

9630.1 Each CNA program that voluntarily discontinues shall:

- (a) Notify the Board, in writing, as early as possible of the intended discontinuance, stating the reason(s) and planned date of the intended closing;
- (b) Continue the training program until the committed class scheduled for currently enrolled trainees is completed; and
- (c) Notify the Board of the final closing date at least thirty (30) days before the final closing.

9630.2 Before the Board may withdraw approval of a program the Board shall:

- (a) Issue a notice of intended action to the program notifying the program that:
 - (1) The Board intends to withdraw approval of the program and the reasons for the action;

(2) The institution has a right to a hearing; and

(b) Send notice to the HELC of the Board's intention to withdraw program approval.

9630.3 If the Board denies or withdraws approval of a training program, the institution shall:

(a) Close the program on the date provided by the Board; and

(b) Comply with the requirements of all applicable rules and notify the Board that the requirements have been fulfilled.

9631 RECORDS RETENTION

9631.1 Each CNA training program shall maintain an accurate and appropriate system of record keeping.

9631.2 Each training program shall ensure that administrative and personnel records are protected against loss, destruction, and unauthorized review.

9631.3 The record of each trainee shall include the following information:

(a) Completed and signed application;

(b) Results of entrance assessment;

(c) Trainee's Record of academic performance;

(d) Evidence of vaccinations or immunity to communicable diseases;

(e) Board issued clinical evaluation form completed and signed by clinical instructor;

(f) Signed statement for receipt of school policies and certification requirements regarding examination and criminal background check; and

(g) Additional documents per the school's policies.

9631.4 Each instructor's personnel records shall be maintained by the facility and shall include application data, qualifications, and a position description, and shall be available for review by the Board.

9631.5 All records shall be maintained by the training program for a minimum of seven (7) years.

9632 RESOURCES, FACILITIES, AND SERVICES

9632.1 Each CNA training program shall maintain resources, facilities, and services which are adequate to accommodate the training program. The resources, facilities, and services shall include, but are not limited to:

- (a) Adequate temperature controls in each training facility;
- (b) Clean and safe conditions of the facility's premises;
- (c) Adequate space for private faculty-student conferencing;
- (d) Adequate lighting in each facility; and
- (e) Sufficient and adequate equipment for the program's needs, including audio-visual equipment and equipment needed for simulating client care.

9632.2 Each classroom, conference room, skills laboratory, and office shall be adequate to meet the needs of the training program.

9632.3 Each cooperative agreement between a training program and a healthcare facility shall be in writing. The training program shall maintain a copy of the agreement in its records.

9651 NURSE AIDE REGISTRY

9651.1 The Director shall establish and maintain a registry of all individuals who have been certified under this chapter.

9651.2 The registry shall contain the following information:

- (a) The name and any information necessary to identify each CNA;
- (b) The date the individual became certified pursuant to this chapter; and
- (c) The final resolution or order of the Board in a disciplinary action against a CNA.

9651.3 The final order and information reported by the Board to the registry shall remain permanently unless the information was entered in error, the order was reversed or remanded by a court, or the District is notified of the individual's death.

9699 DEFINITIONS

9699.1 When used in this chapter, the following terms shall have the meanings ascribed:

Abuse - the infliction of physical or mental harm, or injury to, or death or financial exploitation of a client.

Board - the Board of Nursing as established by § 204 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1202.04 (2016 Repl.)).

Certified nurse aide - nursing assistive personnel who are certified to assist with the delivery of direct nursing care to patients, and work under the supervision of a nurse or other licensed health professional, in accordance with this chapter.

Certified nursing assistant – certified nurse aide.

Clinical - faculty planned and guided learning activities designed to assist in meeting course objectives and to apply nursing knowledge and skills in the direct care of clients, including clinical conferences and planned learning activities in acute care facilities, and other community resources. Clinical shall not include skills laboratory activities.

Conditional approval - the approval status that is granted for a time period specified by the Board to an CNA training program to correct deficiencies when the training program has failed to meet or maintain the requirements and standards of this chapter.

Continuing education - systematic learning experiences designed to augment the knowledge, skills, and attitudes of the CNA.

Criminal background check – an investigation into a person’s history by the appropriate state and federal authorities or approved vendor to determine whether the person has been convicted of a crime in the District of Columbia or in any other state or territory of the United States.

Delegation - the transference from the RN or LPN to another individual within the scope of his or her practice, the authority to act on behalf of the RN or LPN in the performance of a nursing intervention, while the RN or LPN retains accountability and responsibility for the delegated act.

Director - the Director of the Department of Health, or his or her designee.

Endorsement - the process of issuing a certification to an applicant who is registered by a state Board and recognized by the Board as a qualified professional according to standards that were the substantial equivalent at the time of the certification to the standards for that profession set forth in this chapter and who has continually remained in good standing with the

Board from the date of certification until the date of certification in the District.

Health care facility - a facility or agency that provide long-term care services such as an assisted living residence, group home for persons with physical and intellectual disabilities, and a skilled home care agency.

Higher Education Licensure Commission - the Mayoral appointed regulatory, consumer protection authority responsible for public protection with regard to legitimate quality education in the District of Columbia.

Home setting – in a private residence.

Immediate supervision - supervision in which the supervisor is on the premises and within vocal communication, either directly or by communication device.

In-service - activities provided by the employer intended to assist the CNA in acquiring, maintaining, or increasing competence in fulfilling the assigned responsibilities specific to the expectations of the employer.

Misappropriation - the application of another's property or money dishonestly to one's own use.

Neglect - any act or mission by a CNA which causes or is likely to cause or contribute to, or which caused or is likely to have caused or contributed to the injury, death, or financial exploitation of a consumer.

Nursing assistive personnel - individuals who have received appropriate training or instruction to function in a complementary or assistant role to an RN or LPN, in providing direct patient care or in carrying out delegated nursing tasks. The term includes, but is not limited to, nursing students, graduate nurses, home health aides, personal care aides, medication aides, dialysis technicians, CNAs, patient care technicians, or others as specified by the Board of Nursing.

Pass rate - the percentage of candidates who receive a passing score on the competency evaluation out of the total exams administered for the review period.

Program - the planned series of instruction, didactic and clinical, designed so that the student will acquire the requisite knowledge and skills.

Reinstatement - reissuance of an expired nursing assistant certification.

Skills laboratory - faculty guided activities planned for students in a school/campus laboratory that simulates the activities provided by the CNA. The activities include demonstrations and return demonstrations using equipment and supplies that are used for the purpose of attaining required psychomotor skills.