



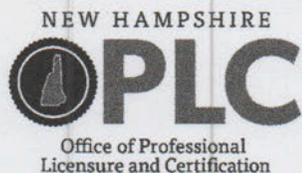
State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
 Board of Nursing
 7 Eagle Square, Concord, NH 03301
 Phone: 603-271-2152

**MEDICATION NURSING ASSISTANT EDUCATIONAL PROGRAM
 REQUEST FOR ON-SITE VISIT AND CONTINUED APPROVAL**

Programs requesting continued approval should complete and submit this form by mail

Please do not send any additional forms or information unless specifically requested to do so.

Program Name: Genesis HCC Medication Nurse Assistant Training Program	
Program Address: MOUNTAIN RIDGE Center 7 Baldwin St. Franklin NH 03235	
Program Reviewer: Melanie Hill	Program Reviewer Approval Date: JULY 2017
Reviewer Telephone: [REDACTED]	Reviewer Fax: N/A
Reviewer E-mail Address: [REDACTED]	Initial Program Approval Date: JULY 2017
Date of last Review: NOVEMBER 2022	Date of this Report: 10/10/2024
NUR 804.01: Please indicate: 10/31/22 - 10/31/24	
(a) The number of students admitted to the program during the review period: 43	
(b) The number of students completing the program during the review period: 42	
(c) The number of times during the year that the entire program was offered: 12	
<p>All MNA Education Programs must comply with the rules and regulations of the New Hampshire Higher Education Commission, the state entity responsible for Career School Review and licensing. Please attach documentation from the Commission indicating that this program has completed the Postsecondary Education Commission Pre-Application process. (If you have questions about this process, please contact 271- 6443). Documentation of completion of the NH Higher Education Commission Pre-Application process is on file at the program: waivers on file</p>	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
NUR 805.04	
Board Approved Instructor(s): Please list all board approved instructors:	



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Instructor Name: Priscilla Magnor	Copy of Faculty Approval Application is on file: <input checked="" type="radio"/> Yes <input type="radio"/> No Date of Board Approval: June 2017
Instructor Name: Linda Mowry	Copy of Faculty Approval Application is on file: <input checked="" type="radio"/> Yes <input type="radio"/> No Date of Board Approval: Aug 2019
Instructor Name: Melanie Hill	Copy of Faculty Approval Application is on file: <input checked="" type="radio"/> Yes <input type="radio"/> No Date of Board Approval: June 2017
Instructor Name:	Copy of Faculty Approval Application is on file: <input type="radio"/> Yes <input type="radio"/> No Date of Board Approval:

NUR 805.02

Ancillary Instructors: Both the medication nurse-reviewer and a medication skills instructor shall have the authority to appoint a person with expertise in one or more of the program's curriculum topics to teach one or more courses or hours of the theoretical component of the curriculum if such expert's instruction is within the area of expertise and is under the supervision of a medication skills instructor. An example would be a Certified Diabetic Educator providing instruction/education re: oral hypoglycemics. **Please list all ancillary instructors.**

Name: N/A	Area of Expertise:
Name:	Area of Expertise:
Name:	Area of Expertise:

NUR 803.03 (b)

Cooperating Agency/Agencies: Programs that do not have the appropriate educational facilities may contract with a cooperating agency/institution for classroom and/or clinical facilities. **Please complete the following information for each cooperating agency.**

Cooperating Agency/Clinical Facility Name: Pheasant Wood Center Confirmation that contract is current: <input checked="" type="radio"/> Yes <input type="radio"/> No Copy of the current contract is on file: <input checked="" type="radio"/> Yes <input type="radio"/> No Documentation of most recent survey results from the NH Bureau of Health Facilities Administration is on file: <input checked="" type="radio"/> Yes <input type="radio"/> No <small>*Although a facility with a substandard survey status cannot provide LNA instruction, MNA education may be approved based on the NH BON Program Specialist's determination of suitability.</small>	Cooperating Agency/Clinical Facility Name: HARRIS Hill Center Confirmation that contract is current: <input checked="" type="radio"/> Yes <input type="radio"/> No Copy of the current contract is on file: <input checked="" type="radio"/> Yes <input type="radio"/> No Documentation of most recent survey results from the NH Bureau of Health Facilities Administration is on file: <input checked="" type="radio"/> Yes <input type="radio"/> No <small>*Although a facility with a substandard survey status cannot provide LNA instruction, MNA education may be approved based on the NH BON Program Specialist's determination of suitability.</small>
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<p>Cooperating Agency/Clinical Facility Name:</p> <p>Confirmation that contract is current: Yes No</p> <p>Copy of the current contract is on file: Yes No</p> <p>Documentation of most recent survey results from the NH Bureau of Health Facilities Administration is on file: Yes No</p> <p><i>*Although a facility with a substandard survey status cannot provide LNA instruction, MNA education may be approved based on the NH BON Program Specialist's determination of suitability.</i></p>	<p>Cooperating Agency/Clinical Facility Name:</p> <p>Confirmation that contract is current: Yes No</p> <p>Copy of the current contract is on file: Yes No</p> <p>Documentation of most recent survey results from the NH Bureau of Health Facilities Administration is on file: Yes No</p> <p><i>*Although a facility with a substandard survey status cannot provide LNA instruction, MNA education may be approved based on the NH BON Program Specialist's determination of suitability.</i></p>
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If the program is facility based and there are no cooperating agencies, check here: (Only Genesis Centers)

NUR 806.01 There shall be a theoretical component of the medication administration education program consisting of a minimum of 30 hours covering the topics outlined in Nur 806.01(a)-(m).

Please describe the classroom setting and resources available to support optimal theoretical instruction:
 Each center provides a dedicated space with minimal distractions. Adequate seating to accommodate all students & instructor comfortably. Access to eraser board, computer(s) are available. Each student is provided a text & supplemental material to augment training. Each instructor is provided with demo equipment with access to the medication cart, charts & Emar

NUR 806.02: MNA Education Programs are required to provide a minimum of 30 hours of a clinical component of medication administration. Each program must either be based within a facility that provides sufficient care-recipients and material resources to meet this requirement or contract with a Cooperating Agency to provide for clinical learning activities.

Please describe the clinical experiences available to students within the facility or Cooperating Agency:
 Each center has an adequate number of residents to support program needs. Students have access to charts, Emar, or traditional MAR, medication cart + medication room. The clinical rotation is 42 hours of supervised medication administration from the units med. cart.

Please complete:

Actual Number of Hours of **Theoretical** Instruction provided: 56

Actual Number of Hours of **Clinical** Instruction provided: 42

NUR 803.01 Student Eligibility and Enrollment Requirements:

Documents are on file verifying that each student:

- (a) Holds a valid and unrestricted nursing assistant licensed issued by the board: YES NO
- (b) Has been employed as a licensed nursing assistant within the past 5 years for the hours equivalent of 2 years of full-time employment: YES NO
- (c) Possesses proficiency in English and basic mathematics as determined by the sponsoring institution: YES NO
- (d) Has not been convicted of a felony: YES NO
- (e) Meets the requirements for enrollment set forth in Nur 802.02: YES NO

Nur 802.02: documents are on file verifying that the student has:



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(a) complied with the application procedures specified by the sponsoring institution:	<input checked="" type="radio"/> YES	<input type="radio"/> NO
(b) complied with the tuition requirements of the program: <i>NA - no Fee</i>	YES	<input checked="" type="radio"/> NO
(c) Stated to the sponsoring institution the desire to be proficient in the administration of medications:	<input checked="" type="radio"/> YES	<input type="radio"/> NO
(d) Submitted to the sponsoring institution 2 character references from an employer affirming the applicants honesty, integrity, compassion and enthusiasm for nursing-related activities:	<input checked="" type="radio"/> YES	<input type="radio"/> NO

NUR 803.03 Instruction:

Written policies as specified in Nur 803.03 are on file:

YES NO

NUR 806.01 and NUR 806.02 Curriculum:

Materials documenting compliance with all aspects of Nur 806.01 and Nur 806.02 are on file:

YES NO

Please indicate "yes" or "no" in response to each question:

Any changes in curriculum and/or program objectives are submitted to and approved by the board prior to implementation of the changes:

YES NO

After completion of the theoretical and clinical components of the MNA program, a student shall pass a Board-approved written final exam with a minimum score of 90%:

YES NO

The student to board-approved instructor ratio does not exceed 4:1 in the clinical setting:

YES NO

Students will be clearly identified as acting in the student role

YES NO



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Please indicate the text(s) to be used (include book title, author name(s), publisher and copyright date):	
Textbook:	Hartman's Complete Guide for the Medication ALOE Hartman Publishing Inc. 2021. (NO AUTHOR listed. Credits only to Designer, Production Illustration, Photography Proof readers..)
Workbook:	N/A

NUR 804.02 Written Verification of Program Completion:
Please indicate "yes" or "no" in response to each question

Program records include, at a minimum: student name, address, date of birth, telephone number, date of program completion, dates of initiation and termination of program, contracts, tests, grades and course documents, name of sponsoring institution, the number of hours of theoretical instruction, the number of hours of clinical instruction and a statement that the student has attained proficiency in the approved routes of medication administration.

YES NO

The program shall, when each student has completed the curriculum of the medication administration education program and passed the examination described in Nur 806.03, issue the student a written verification of completion that contains the following information:

The name and residential address of the student: YES NO

The name of the sponsoring institution: YES NO

The name of the issuing medication administration education program: YES NO

The date of issuance of the written verification: YES NO

The number of hours of theoretical instruction and the number of hours of clinical instruction received by the student: YES NO

A statement that the student has attained proficiency in the methods of medication administration listed in Nur 804.02 (a)(6): YES NO

The signature of the Medication Nurse Reviewer: YES NO



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Security of student records is maintained

YES NO

NUR 805.03 Reviewer Responsibilities:

The Program Reviewer will conduct and is responsible for program evaluation and maintenance of course documents including documentation of course completion and issuance of a certificate of completion to students.

YES NO

The Program Reviewer will submit to the board names and contact information for persons successfully completing the nursing assistant program within 5 working days of the student passing the exam.

YES NO

NUR 806.02 (c) (5) & NUR 806.02 (d) Evaluation:

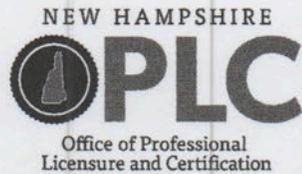
Please describe how the program Reviewer plans to evaluate the following Quality Assurance measures.

Instructional Methods:

Routine assessment & discussion with instructors to determine best practice for delivery of material.

Random/intermittant site visits to observe presentation + technique

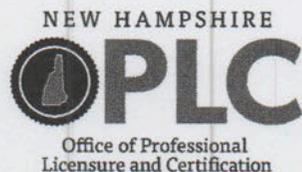
Assessment of student/center feedback + monitoring the success rate of the students.



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Student Progress:

Review of skills checklists + test scores.
Instructor assessment of candidate engagement during theory + lab to I.D. potential concerns.
Supervision of clinical experience ensuring program standards are met.



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Effectiveness of Instructors: Assessment of student progress/success via skills Checklist & quiz scores. Feedback from students & center. Random, intermittent observation of theory & lab presentation & clinical supervision.

Suitability of Cooperating Agencies: TOUR TO ENSURE positive environment with adequate residents to meet the needs of the program. Assess for adequate theory & lab space with minimal distractions. Ensure access to records & needed equipment. Feedback from students & instructor(s)

Appropriateness of Course Content: Ongoing assessment of available text(s) & educational material to ensure delivery of the most current information & technique. Routine review of Fed & State regulations to ensure compliance

Graduate Performance on Tests: Monitor for student success + outcomes with instructors. Evaluate via quizzes, lab & clinical performance. Successfully completes the skills checklist & passes the final exam @ a minimum of 90%.

Establishment of a Quality Assurance Committee and/or Approval of a Committee Previously Established by the Sponsoring Institution: Instructor & Reviewer meet a minimum of every 6 months to evaluate the programs effectiveness & potential of additional meetings based on program changes or evaluation results

Please do not complete this section.
 This section will be completed and signed at the time of the Initial on-site visit:

Board of Nursing Site Visitor Comments:

Board of Nursing Signature:

Site Visit Date: