

MEDICAL RECORD
DOCUMENTATION
AND
UNDERSTANDING LEGAL
ASPECTS FOR
CERTIFIED NURSING
ASSISTANTS

A 2-HOUR IN-SERVICE COURSE
DESIGNED TO MEET THE REQUIREMENTS OF 64B9-15.011 (2)(C), FAC

2008

This in-service course has been developed by the Florida Health Care Association and is intended to assist FHCA member facilities to help their Certified Nursing Assistants meet the requirements of 64B9-15.011 (2) (c), Florida Administrative Code, which provides that CNAs will have as part of their two-year in-service education training in medical documentation and legal aspects appropriate to nursing assistants.

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MEDICAL DOCUMENTATION AND UNDERSTANDING LEGAL ASPECTS FOR CERTIFIED NURSING ASSISTANTS

INTRODUCTION & LEARNER OBJECTIVES

This course will provide you, the CNA, with an understanding of the value of proper Medical Documentation, commonly accepted practices of medical documentation, and important legal concepts unique to you: the CNA working in Florida. In summary the objectives for the in-service will be to assist the learner to:

- Describe what Florida law and rules say about being a CNA in Florida
- Write in-service requirements for CNAs, including special long term care requirements
- Tell where in law and rule certain topics can be located
- Describe how to maintain a CNA certification in Florida
- Show how and when to report to appropriate state agencies or departments
- Identify important reasons and consequences related to medical documentation
- Demonstrate appropriate methods for both documenting services provided and correcting mistakes in documentation

In 2003, the Florida Board of Nursing adopted new rules affecting the occupation of CNAs working in Florida. One part of the new rules requires CNAs to include in their in-service training new education on *Medical Record Documentation and Legal Aspects Appropriate to Nursing Assistants*.

MEDICAL DOCUMENTATION

Documentation in the health care setting can be a way showing others that you, the CNA, are particularly aware of what you are doing and observing when you give care to client. It can show that your mind is not bogged down or distracted by other things and that you are an honest observer while giving caring attention to the clients you serve.

LEGAL ASPECTS APPROPRIATE TO NURSING ASSISTANTS

Knowledge is power. Ever wonder what your in-service requirements are? Did you know you can find out in the Florida Administrative Code? Did you also know there are specific laws about self-reporting any criminal violations? Did you know that you are required to report your address when you move? Who do you contact if you need another copy of your certificate? These are some of the questions this course will answer for you.

GENERAL INFORMATION

This correspondence course contains a Post-test which you will complete after you have studied the course materials. Once complete, the test will be collected by your instructor for scoring. Your instructor will grade your test; a score of 70% will be required to pass the course and to receive a Certificate of Completion. If a score of less than 70% is earned, you will be notified and may be able to take the test again. It is very important for you to keep a copy of your Certificate of Completion for 4 years in case you are ever audited for your in-service education by the Board of Nursing. A copy of your Certificate of Completion should also be kept in your personnel file for your facility's records.

Note to CNAs: When you see this box, pay special attention as you will receive particular guidance for a section or an important tip.

Remember: the Statutes and Rules governing CNAs can change from time to time. It is a good idea to check in with the CNA Registry or the Board of Nursing (see page 33 for contact information) to get a copy of the latest Rules or Statutes.

MEDICAL DOCUMENTATION

Q: What is Documentation?

A: First of all, it's true information. It is information about the:

- needs and conditions of a resident/patient/client
- care given to a resident/patient/client

Q: What is *Medical* Documentation?

A: Medical Documentation occurs on an on-going basis in a health care setting. It is a "firsthand" record, meaning that the person who gave the care or made the observation does the documenting.

There are many different types of health care settings: nursing homes, hospices, hospitals, home health agencies, and temporary staffing pools that serve health care institutions. These different types of institutions may have different rules for documenting. For example, a home health CNA will document using Weekly Visit Records while a nursing home CNA will document using an ADL flow-chart. However, there are many documentation rules these records have in common.

Note to CNAs: Some CNAs work the patients, some with residents, and some with clients. In this program, we refer to these persons as "residents."

Q: Why Document?

A: Medical Documentation is important because it does many different things:

- It helps caregivers communicate with one another. Often residents are cared for by more than one nurse or CNA. These caregivers may work different shifts or on different units.
- State inspectors, or "surveyors", are very interested in documentation. They use documentation to make sure that services which were paid for are delivered. Surveyors also use documentation to decide if the right level and quality of services were given. Documentation is also used to make sure a facility or organization has followed the law.

Note to CNAs: Some health care professionals believe that “if it’s not written down, it didn’t happen.” For example, you are assigned to help Mrs. Johnson eat at 12:30 p.m. and write down how much she ate. You did feed Mrs. Johnson and she did, in fact, eat a good part of her meal. But, then you got busy and forgot to write it down on her chart. This might lead someone to believe Mrs. Johnson didn’t get her lunch.

- Documentation gives a picture of the resident’s condition; for example, if the resident’s condition has changed, gotten better, worse, or stayed the same, i.e. losing weight or trouble sleeping.
- Documentation can show if a resident is responding well or poorly to their care treatment.
- Documentation can determine the amount of Medicare/Medicaid money a facility receives for the care given to a particular resident.
- Documentation is a legal record of care which can be used in a court of law.

Q: Is it okay to document before giving care?

A: No. It is *never* okay to chart that care was given before it is given. There is always the possibility that someone will forget to give the care, and no one would ever know that a resident didn’t receive the care they needed. This could harm the resident.

POOR DOCUMENTATION can have some bad results:

- Supervisors can be sued, or lose their jobs or their nursing license
- CNAs can be sued or lose their jobs or certification
- Residents’ quality of care can suffer in a serious way
- Facility’s can get very expensive survey citations or their Medicare/Medicaid payments may be too low; this is a waste of money which could be better spent on resident care and staff salaries.

FLOW-SHEETS

One of the most important documents a CNA will use is a chart often called a flow-sheet.

CNAs usually use flow-sheets to document the following important information:

- Vital signs (i.e. pulse, respiration, blood pressure)
- Bowel movements
- Meal acceptance
- Daily care (Activities of Daily Living, or ADLs)
- Intake and Output
- Weight

Other documentation forms you may see are admission forms, discharge forms, care plans, or a list of residents’ personal belongings.

Note to CNAs: In Florida, CNAs working in nursing homes are required by law to complete their charting for a resident by the end of his/her shift. This chart will be provided to you by your facility and the information must show:

- ▶ Assistance with ADLs (see the definition below)
- ▶ Assistance with eating
- ▶ Assistance with drinking
- ▶ For residents at risk for malnutrition, each offering of food or drink

ACTIVITIES OF DAILY LIVING (or ADLs) are defined as:

Self care activities such as bathing, grooming, dressing, eating, and moving about the facility or home

ACCEPTED RULES FOR MEDICAL DOCUMENTATION

- Write your entries in blue or black pen. Do not use pencils or felt tip markers.
- Do not leave spaces or skip lines; charting is usually continuous.
- Document only for yourself: that is, your own actions or observations.
- Do not change entries unless you are correcting your own mistakes (see *Correcting a Mistake in Documentation* below).
- Never document for other people.
- Use standard medical abbreviations and terminology (See Appendix A & B).
- Write down the date and time of each entry you make.
- Sign or initial your documentation.
- Penmanship counts! Print or write neatly so others can read the entries.
- Use correct spelling.
- Always be honest when documenting.

I'M ONLY HUMAN...OR CORRECTING A MISTAKE IN DOCUMENTATION

Surveyors, insurance companies, lawyers, and company officials are often very interested in a resident's records, especially if they can see changes have been made in those records.

Are you allowed to make a mistake in documentation? Well, no one wants mistakes to happen in documentation; that's why they're called mistakes. But, of course mistakes occur. CNAs need to know how to correct mistakes in medical documentation.

Standards for Correcting Medical Documentation Errors:

- Draw a single line through the mistake. Do not mark out the error with scribbles or correction fluid (White Out) and do not erase incorrect entries! Just mark a single line through the entry.
- Write ERROR next to or above the mistake.
- Write down the date you have made the correction and your initials.
- Write down the correct word(s).

Correcting Medical Documentation Errors on Flow-sheets:

There usually is not enough room on a flow-sheet for a lot of writing. Usually you can simply circle the error and, in the margin or on the back of the form, write in the correct information along with your initials and the date.

What if you notice **someone else's documentation** is clearly wrong? It is important that you report it to a supervisor.

Note to CNAs: It is a good idea to keep a small note pad handy during your shift to write down any special memos to yourself or observations you make while you work.

MEDICAL DOCUMENTATION: WHAT TO PUT IN, WHAT TO LEAVE OUT

While your ideas and opinions are important and should be shared with your supervisors and co-workers, these do not belong in your documentation. Keep your documentation professional, limiting it to:

- Care given to residents
- Actual observations about the resident
- Facts
- Useful information the family gives about the resident

It is helpful to document in ways that can be measured:

- Using percentages (for example, Mrs. Johnson ate 50% of her chicken.)
- The number of times Mrs. Johnson was offered a snack (for example, offered pudding 3x)

DON'T FORGET TO REPORT:

If a resident refuses care or doesn't want to eat in spite of your gentle encouragement, you should report this to your supervisor and document the resident's choice in the record. It is also critical to report changes in a resident's condition; for example, changes in:

- Appetite
- Skin condition (look for and report early signs of pressure ulcers)
- Vital signs
- Elimination
- Complaints of pain
- Unusual body language

Note to CNAs: If you notice big differences in the way a resident is behaving or in their condition, report it immediately!

UNDERSTANDING LEGAL ASPECTS FOR CNAS

Q: Exactly what does “legal aspects” mean?

A: Laws and rules govern the practice of all health care practitioners. CNAs are health care practitioners, too. Legal Aspects simply describes the laws and rules that govern the particular practice of CNAs and cover important things like:

- Statutes and rules that are the main sources for CNA regulation
- Reporting requirements for CNAs
- In-service requirements for CNAs
- How to maintain a CNA certification
- How and when to contact State agencies or departments

STATUTES AND RULES – AN OVERVIEW

Florida Certified Nursing Assistants occupation requirements are provided in **three (3)** main places in law:

1. National Level: Code of Federal Regulations Part 483

The Code of Federal Regulations is a grouping together of permanent laws created by the US Congress.

2. State Level: Florida Statutes Chapter 464 Part II
Florida Statutes Chapter 400

Statutes are a permanent collection of state laws organized by subject area into a code made up of titles, chapters, parts, and sections. The Florida Statutes are updated annually by laws which are created or changed by the Florida Legislature.

They contain general information about becoming a CNA and working as a CNA; discipline actions; and the regulatory groups known as the Board of Nursing and the CNA Council. They also cover information specific to CNAs working in nursing homes and special in-service topics.

3. State Level: Florida Administrative Code 64B9-15

The Florida Administrative Code (FAC) is a compilation of the rules and regulations of state agencies to carry out or better explain the Statutes.

Lists the training program requirements, general in-service requirements, discipline guidelines, and testing requirements for the CNA.

CHAPTER 64B9-15 CERTIFIED NURSING ASSISTANTS

Note to CNAs: This section outlines the scope of practice for a CNA in Florida.

64B9-15.002 Certified Nursing Assistant Authorized Duties.

(1) A certified nursing assistant shall provide care and assist residents with the following tasks related to the activities of daily living only under the general supervision of a registered nurse or licensed practical nurse:

(a) Tasks associated with personal care:

1. Bathing;
2. Dressing;
3. Grooming;
4. Shaving;
5. Shampooing and caring for hair;
6. Providing and assisting with oral hygiene and denture care;
7. Caring for the skin;
8. Caring for the feet;
9. Caring for the nails;
10. Providing pericare;
11. Bed making and handling linen;
12. Maintaining a clean environment.

(b) Tasks associated with maintaining mobility:

1. Ambulating;
2. Transferring;
3. Transporting;
4. Positioning;
5. Turning;
6. Lifting;
7. Performing range of motion exercises;
8. Maintaining body alignment.

(c) Tasks associated with nutrition and hydration:

1. Feeding and assisting the resident with eating;
2. Assisting the resident with drinking.

(d) Tasks associated with elimination:

1. Toileting;
2. Assisting with the use of the bedpan and urinal;
3. Providing catheter care;
4. Collecting specimens;
5. Emptying ostomy bags, or changing bags that do not adhere to the skin;
6. Bowel and bladder training.

(e) Tasks associated with the use of assistive devices:

1. Caring for dentures, eyeglasses, contact lenses, and hearing aids;
2. Applying established prosthetic and orthotic devices;
3. Applying braces;
4. Applying antiembolus stockings;
5. Assisting with wheelchairs, walkers, or crutches;
6. Using comfort devices such as pillows, cradles, footboards, wedges, and boots;
7. Assisting with and encouraging the use of self-help devices for eating, grooming, and other personal care

tasks;

8. Utilizing and assisting residents with devices for transferring, ambulation, alignment, and positioning;

9. Using restraints.

(f) Tasks associated with maintaining environment and resident safety, including handling of blood and body fluid and cleaning resident care areas.

(g) Tasks associated with data gathering:

1. Measuring temperature, pulse, respiration, and blood pressure;

2. Measuring height and weight;

3. Measuring and recording oral intake;

4. Measuring and recording urinary output, both voided and from urinary drainage systems;

5. Measuring and recording emesis;

6. Measuring and recording liquid stool.

(h) Recognition of and reporting of abnormal resident findings, signs, and symptoms.

(i) Post mortem care.

(j) Tasks associated with resident socialization, leisure activities, reality orientation, and validation techniques.

(k) Tasks associated with end of life care.

(l) Tasks associated with basic first aid, CPR skills, and emergency care.

(m) Tasks associated with compliance with resident's/patient's rights.

(n) Tasks associated with daily documentation of certified nursing assistant services provided to the resident.

(2) A certified nursing assistant shall perform all tasks with knowledge of and awareness of a resident's/patient's rights and developmental level.

(3) A certified nursing assistant shall not perform any task which requires specialized nursing knowledge, judgment, or skills.

(4) A certified nursing assistant may receive additional training beyond that required for initial certification and upon validation of competence in the skill by a registered nurse may perform such skills as authorized by the facility.

(5) A certified nursing assistant shall not work independently without the supervision of a registered nurse or a licensed practical nurse.

CHAPTER 64B9-15 CERTIFIED NURSING ASSISTANTS

64B9-15.008 Testing and Competency Evaluation.

Note to CNAs: This section describes what will be on the State's CNA exam.

(1) The Certified Nursing Assistant Examination shall consist of the Written Exam and the Clinical Skills Test. Both the Written Exam and the Clinical Skills Test must be passed within a two-year period in order to achieve certification. Results on either the Written Exam or the Clinical Skills Test which are over two years old are invalid and both the Written Exam and the Clinical Skills Test must be repeated.

(2) The general areas of competency of the Written Exam are as follows:

- (a) Role of the Nursing Assistant;
- (b) Promotion of Safety;
- (c) Promotion of Function and Health of Residents;
- (d) Basic Nursing Care Provided for Residents with Changes in Health; and
- (e) Specific Care Provided for Residents with Changes in Health.

(3) The Board adopts a passing score as set by the National Nurse Aide Examination Council.

(4) The Clinical Skills Test includes three of the following tasks in addition to hand washing and indirect care:

(a) Personal Care:

- 1. Perineal Care – Female;
- 2. Catheter Care;
- 3. Dressing;
- 4. Partial Bed Bath;
- 5. Toileting – Bedpan;
- 6. Mouth Care – Brushing Teeth;
- 7. Mouth Care – Care of Dentures;
- 8. Grooming – Hair and Nail Care; and
- 9. Feeding.
- 10. Change Occupied Bed; and
- 11. Foot Care.

(b) Promotion of Function, Health, and Safety:

- 1. Change of Position;
- 2. Transfer;
- 3. Range of Motion for Upper Extremity;
- 4. Range of Motion for Lower Extremity; and
- 5. Ambulation.

(c) Reporting and Recording:

- 1. Measure and Record Pulse and Respirations;
- 2. Measure and Record Weight; and
- 3. Measure and Record Content of Urinary Drainage Bag; and
- 4. Measure and Record Blood Pressure.

(5) The recommended minimum passing level for each task is 3 Standard Errors of Measure below the mean. The minimum passing level of the Clinical Skills Test varies depending on the difficulty of the items selected by the testing service for each form of the examination and will be established by the testing service for each form of the examination based on its testing expertise. The candidate must have a minimum passing score on each of the five tasks on an examination form to pass the Clinical Skills Test.

(6) If an applicant fails to pass the nursing assistant competency examination in three attempts, the applicant is

not eligible for reexamination unless the applicant completes an approved training program.

(7) The Clinical Skills Observers for the Clinical Skills Test must meet the following criteria:

- (a) Be a registered nurse with a minimum of two years of nursing experience;
- (b) Have at least one year of experience in the provision of long-term care or caring for the chronically ill of any age;
- (c) Be currently licensed as a registered nurse in the state of Florida; and
- (d) Shall not have any personal or professional relationship to any examinee taking the Clinical Skills Test.

64B9-15.009 Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances.

Note to CNAs: This section explains which criminal offenses, personal actions, or behaviors will result in a CNA getting into trouble with the Board of Nursing. It also describes what penalties or fines a CNA might face.

(3) The following disciplinary guidelines shall be followed by the Board in imposing disciplinary penalties upon registrants for violation of the noted statutes and rules:

(a) Being found guilty, regardless of adjudication, of a forcible felony as defined in Chapter 776, F.S. (Section 464.018(1)(d)1., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	\$150 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$1000 fine and revocation

(b) Being found guilty, regardless of adjudication, of a violation of Chapter 812, F.S., relating to theft, robbery, and related crimes. (Section 464.018(1)(d)2., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(c) Being found guilty, regardless of adjudication, of a violation of Chapter 817, F.S., relating to fraudulent practices. (Section 464.018(1)(d)3., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(d) Being found guilty, regardless of adjudication, of a violation of Chapter 800, F.S., relating to lewdness and indecent exposure.
(Section 464.018(1)(d)4., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine, and probation	denial of certification or \$100 fine, IPN evaluation, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine, IPN evaluation, and suspension to be followed by a term of probation	denial of certification and \$150 fine and permanent revocation

(e) Being found guilty, regardless of adjudication, of a violation of Chapter 784, F.S., relating to assault, battery, and culpable negligence.
(Section 464.018(1)(d)5., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(f) Being found guilty, regardless of adjudication, of a violation of Chapter 827, F.S., relating to child abuse.
(Section 464.018(1)(d)6., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and permanent revocation

(g) Being found guilty, regardless of adjudication, of a violation of Chapter 415, F.S., relating to protection from abuse, neglect, and exploitation.
(Section 464.018(1)(d)7., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and permanent revocation

(h) Being found guilty, regardless of adjudication, of a violation of Chapter 39, F.S., relating to child abuse, abandonment, and neglect.
(Section 464.018(1)(d)8., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation

SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and permanent revocation
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(i) Having been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under Section 435.03, F.S., or under any similar statute of another jurisdiction; or having committed an act which constitutes domestic violence as defined in Section 741.28, F.S.
(Section 464.018(1)(e), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and permanent revocation

(j) False, misleading, or deceptive advertising.
(Section 464.018(1)(g), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$25 fine	\$100 fine and probation
SECOND OFFENSE	\$100 fine	\$125 fine and suspension to be followed by probation
THIRD OFFENSE	\$125 fine and probation	\$150 fine and suspension to be followed by probation

(k) Engaging or attempting to engage in the possession, sale, or distribution of controlled substances as set forth in Chapter 893, F.S., for any other than legitimate purposes authorized by this part.
(Section 464.018(1)(i), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$25 fine, IPN evaluation, and probation	denial of certification or \$50 fine, IPN evaluation and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine, IPN evaluation, and suspension to be followed by probation	denial of certification and \$125 fine and permanent revocation
THIRD OFFENSE	\$125 fine and revocation	\$150 fine and permanent revocation

(l) Failing to report to the department any person who the registrant knows is in violation of this part or of the rules of the department or the board; however, if the registrant verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the registrant is required to report such person only to an impaired professionals consultant.
(Section 464.018(1)(k) or 456.072(1)(i), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$25 fine	\$25 fine and probation
SECOND OFFENSE	\$50 fine	\$100 fine and suspension to be followed by probation
THIRD OFFENSE	\$75 fine and probation	\$150 fine and suspension to be followed by probation

(m) Making misleading, deceptive, or fraudulent representations in or related to the practice of the registrant's profession.
(Section 456.072(1)(a), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(n) Knowingly violating any provision of this part, a rule of the board or the department, or a lawful order of the board or department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.
(Sections 456.072(1)(b) & 464.018(1)(n), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and compliance with rule or terms of prior order	\$100 fine and suspension until compliance with rule or terms of prior order
SECOND OFFENSE	\$100 fine and suspension until compliance with rule or terms of prior order	\$125 fine and suspension until compliance with rule or terms of prior order plus extended probation
THIRD OFFENSE	\$125 fine and suspension until compliance with rule or terms of prior order plus extended probation	\$150 fine and revocation

(o) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of a certified nursing assistant or to the ability to practice as a certified nursing assistant.
(Section 456.072(1)(c), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(p) Having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure or certification, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law.
(Section 456.072(1)(f), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and same penalty imposed by the other jurisdiction	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and same penalty imposed by the other jurisdiction which at a minimum must include a term of probation	denial of licensure or \$150 fine and revocation
THIRD OFFENSE	\$150 fine and same penalty imposed by the other jurisdiction which at a	denial of licensure or \$150 fine and permanent revocation

minimum must include a term of suspension

(q) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another registrant.
(Section 456.072(1)(g), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(r) Procuring, attempting to procure, or renewing certification to practice as a CNA by bribery, by knowing misrepresentations, or through an error of the department or the board.
(Section 456.072(1)(h), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and probation	denial of certification or revocation
SECOND OFFENSE	\$150 fine and probation	denial of certification or permanent revocation

(s) Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to this chapter, the chapter regulating the profession, or the rules of the department or the board.
(Section 456.072(1)(j), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(t) Failing to perform any statutory or legal obligation placed upon a registrant.
(Section 456.072(1)(k), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and compliance with legal obligation	\$100 fine and suspension until compliance with legal obligation
SECOND OFFENSE	\$100 fine and suspension until compliance with legal obligation	\$125 fine and suspension until compliance with legal obligation plus extended probation
THIRD OFFENSE	\$125 fine and suspension until compliance with legal obligation plus extended probation	\$150 fine and revocation

(u) Making or filing a report which the registrant knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing another person to do so.
(Section 456.072(1)(l), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	\$75 fine and suspension to be followed by probation
SECOND OFFENSE	\$75 fine and probation	\$100 fine and suspension to be followed

THIRD OFFENSE	\$125 fine and suspension to be followed by probation	by probation \$150 fine and revocation
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(v) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession.
(Section 456.072(1)(m), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(w) Exercising influence on the patient or client for the purpose of financial gain of the registrant or a third party.
(Section 456.072(1)(n), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$75 fine and probation	denial of certification or revocation and \$125 fine
SECOND OFFENSE	\$125 fine and probation	denial of certification or permanent revocation and \$150 fine

(x) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the registrant knows, or has reason to know, the registrant is not competent to perform.
(Section 456.072(1)(o), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$75 fine and probation	denial of certification or revocation and \$125 fine
SECOND OFFENSE	\$125 fine and probation	denial of certification or permanent revocation and \$150 fine

(y) Delegating or contracting for the performance of professional responsibilities by a person when the registrant delegating or contracting for performance of such responsibilities knows, or has reason to know, such person is not qualified by training, experience, and authorization when required to perform them.
(Section 456.072(1)(p), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$75 fine and probation	denial of certification or revocation and \$125 fine
SECOND OFFENSE	\$125 fine and probation	denial of certification or permanent revocation and \$150 fine

(z) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding.
(Section 456.072(1)(r), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$125 fine and probation	denial of certification or \$150 fine and revocation

(aa) Engaging or attempting to engage in sexual misconduct as defined and prohibited in Section 456.063(1), F.S.

(Section 456.072(1)(v), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine, IPN evaluation, and probation	denial of certification or \$125 fine, IPN evaluation, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$125 fine, IPN evaluation, and suspension to be followed by a term of probation	denial of certification and \$150 fine and permanent revocation

(bb) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application.

(Section 456.072(1)(w), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	\$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$125 fine and probation	\$150 fine and suspension to be followed by a term of probation

(cc) Failing to report to the board, or the department if there is no board, in writing within 30 days after the registrant has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction. Convictions, findings, adjudications, and pleas entered into prior to the enactment of this paragraph must be reported in writing to the board, or department if there is no board, on or before October 1, 1999.

(Section 456.072(1)(x), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and probation	denial of certification or revocation and \$100 fine
SECOND OFFENSE	\$100 fine and probation	denial of certification or permanent revocation and \$150 fine

(dd) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents pursuant to Section 316.066, F.S., or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in such accidents.

(Section 456.072(1)(y), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	\$75 fine and probation
SECOND OFFENSE	\$75 fine	\$100 fine and suspension to be followed by probation
THIRD OFFENSE	\$100 fine and probation	\$150 fine and suspension to be followed by probation

(ee) Being unable to practice as a CNA with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.

(Section 456.072(1)(z), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine, IPN evaluation, and probation	denial of certification or \$100 fine, IPN evaluation, and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine, IPN evaluation, and suspension to be followed by probation	denial of certification and \$125 fine and permanent revocation
THIRD OFFENSE	\$125 fine and revocation	\$150 fine and permanent revocation

(ff) Testing positive for any drug, as defined in Section 112.0455, F.S., on any confirmed preemployment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using such drug.

(Section 456.072(1)(aa), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine, IPN evaluation, and probation	denial of certification or \$100 fine, IPN evaluation, and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine, IPN evaluation, and suspension to be followed by a term of probation	denial of certification and \$150 fine and permanent revocation

(gg) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition.

(Section 456.072(1)(bb), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	\$75 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$75 fine and a term of probation	\$100 fine and suspension to be followed by a term of probation
THIRD OFFENSE	\$125 fine and suspension to be followed by a term of probation	\$150 fine and permanent revocation

(hh) Being terminated from or failing to successfully complete an impaired practitioner treatment program (Section 456.072(1)(hh), F.S.):

Minimum: \$150 fine and suspension until successful completion or receipt of written confirmation from program that further treatment is neither required nor indicated.

Maximum: Permanent revocation or denial of licensure.

(ii) Intentionally engaging in unprofessional conduct, as defined in Rule 64B9-8.005, F.A.C. (Section 464.018(1)(h), F.S.):

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50.00 fine, reprimand and probation, continuing education	\$150.00 fine, reprimand, suspension followed by probation
SECOND OFFENSE	\$150.00 fine, reprimand, suspension followed by probation	\$150.00 fine and revocation

If the unprofessional conduct involves hitting a patient or intentionally causing harm to a patient, the MINIMUM penalty for a FIRST OFFENSE is REVOCATION of the license.

(4) In licensure and disciplinary matters involving impairment, the applicant or registrant may be referred to IPN in addition to the imposition of the above-outlined disciplinary action.

(5)(a) The Board shall be entitled to deviate from the foregoing guidelines upon a showing of aggravating or mitigating circumstances by clear and convincing evidence, presented to the Board prior to the imposition of a final penalty at informal hearing. If a formal hearing is held, any aggravating or mitigating factors must be submitted to the hearing officer at formal hearing. At the final hearing following a formal hearing, the Board will not hear additional aggravating or mitigating evidence.

(b) Circumstances which may be considered for purposes of mitigation or aggravation of penalty shall include, but are not limited to, the following:

1. The danger to the public.
2. Previous disciplinary action against the registrant in this or any other jurisdiction.
3. The length of time the registrant has practiced.
4. The actual damage, physical or otherwise, caused by the violation.
5. The deterrent effect of the penalty imposed.
6. Any efforts at rehabilitation.
7. Attempts by the registrant to correct or stop violations, or refusal by the registrant to correct or stop violations.
8. Cost of treatment.
9. Financial hardship.
10. Cost of disciplinary proceedings.

(6) In instances when a registrant or applicant is found guilty of any of the above offenses involving fraud or making a false or fraudulent representation, the Board shall impose a fine of \$10,000.00 per count or offense.

(7) Unless stated otherwise in the Final Order, fines are payable within sixty days of the filing of the order.

Specific Authority 464.204 FS. Law Implemented 456.072, 464.204 FS. History—New 10-28-02, Amend

64B9-15.011 In-Service Training Requirements for Certified Nursing Assistants.

Note to CNAs: This section applies to all CNAs in Florida. Be sure to get the right number of in-service hours. If you are a brand new CNA certified, for example, at the end of a year, this section explains that you do not have to get the full number of in-service hours for that particular year; rather only a portion. For example if you are certified on November 15, 2004, you would only need 1.5 hours of in-service education for the rest of 2004, because only one full month is left in that year.

(1) Each certified nursing assistant must complete a minimum of 12 hours of in-service training each calendar year. For candidates certified during the calendar year, the minimum in-service hours required shall be prorated at the rate of 1.0 hours per month from the month of initial certification to the end of the calendar year.

Note to CNAs: This section lists the in-service topics you must have every two years. A CNA can have additional in-services in other topic areas, too, as long as they relate in some way to work performance or professional development.

(2) Every 2 years, in-service training hours shall include, but are not limited to, the following areas:

- (a) HIV/AIDS, Infection Control;
- (b) Domestic Violence;
- (c) Medical Record Documentation and Legal Aspects Appropriate to Nursing Assistants;
- (d) Resident Rights;
- (e) Communication with Cognitively Impaired Clients;
- (f) CPR Skills; and
- (g) Medical Error Prevention and Safety.

(3) After meeting the requirement in subsection (2), health care career/technical courses in a college, university, or approved nursing program may be used to meet the hour requirement in subsection (1).

(4) A certified nursing assistant is exempt from the in-service education requirement in subsection (1) if the certified nursing assistant was on active duty with the Armed Forces for 6 months or more during the calendar year, and was in good standing with the Board at the time active duty began. However, this exemption will not arise on the basis of the performance of short periods of active duty (such as summer or weekend drills) by a member of the Armed Forces Reserves. Duty in the United States Public Health Service is not considered duty in the Armed Forces.

(5) A certified nursing assistant who is the spouse of a member of the Armed Forces and was caused to be absent from Florida due to the spouse's duties with the Armed Forces shall be exempt from in-service hour requirements. The certified nursing assistant must show satisfactory proof of the absence and the spouse's military status.

Note to CNAs: This section describes how long you must keep your in-service records.

(6) Each certified nursing assistant must retain in-service compliance records for a period of 4 years and submit records to the Board if required for auditing.

FLORIDA STATUTES 2008

CHAPTER 464

PART II

CERTIFIED NURSING ASSISTANTS

Excerpts from Chapter 464 which are of special interest to CNAs are shown here.

- 464.203 Certified nursing assistants; certification requirement.
464.204 Denial, suspension, or revocation of certification; disciplinary actions.
464.2085 Council on Certified Nursing Assistants.

464.203 Certified nursing assistants; certification requirement.--

(1) The board shall issue a certificate to practice as a certified nursing assistant to any person who demonstrates a minimum competency to read and write and successfully passes the required Level I or Level II screening pursuant to s. [400.215](#) and meets one of the following requirements:

(a) Has successfully completed an approved training program and achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion approved by the board and administered at a site and by personnel approved by the department.

(b) Has achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion, approved by the board and administered at a site and by personnel approved by the department and:

1. Has a high school diploma, or its equivalent; or
2. Is at least 18 years of age.

(c) Is currently certified in another state; is listed on that state's certified nursing assistant registry; and has not been found to have committed abuse, neglect, or exploitation in that state.

(d) Has completed the curriculum developed under the Enterprise Florida Jobs and Education Partnership Grant and achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion, approved by the board and administered at a site and by personnel approved by the department.

(2) If an applicant fails to pass the nursing assistant competency examination in three attempts, the applicant is not eligible for reexamination unless the applicant completes an approved training program.

(3) An oral examination shall be administered as a substitute for the written portion of the examination upon request. The oral examination shall be administered at a site and by personnel approved by the department.

(4) The board shall adopt rules to provide for the initial certification of certified nursing assistants.

(5) Certification as a nursing assistant, in accordance with this part, may be renewed until such time as the nursing assistant allows a period of 24 consecutive months to pass during which period the nursing assistant fails to perform any nursing-related services for monetary compensation. When a nursing assistant fails to perform any nursing-related services for monetary compensation for a period of 24 consecutive months, the nursing assistant must complete a new training and competency evaluation program or a new competency evaluation program.

(6) A certified nursing assistant shall maintain a current address with the board in accordance with s. [456.035](#).

(7) A certified nursing assistant shall complete 12 hours of inservice training during each calendar year. The certified nursing assistant shall be responsible for maintaining documentation demonstrating compliance with these provisions. The Council on Certified Nursing Assistants, in accordance with s. [464.2085](#)(2)(b), shall propose rules to implement this subsection.

(8) The department shall renew a certificate upon receipt of the renewal application and imposition of a fee of not less than \$20 and not more than \$50 biennially. The department shall adopt rules establishing a procedure for the biennial renewal of certificates. Any certificate that is not renewed by July 1, 2006, is void.

History.--s. 204, ch. 99-397; s. 164, ch. 2000-160; s. 79, ch. 2000-318; s. 50, ch. 2001-45; s. 77, ch. 2002-1; s. 6, ch. 2005-62.

► 464.204 Denial, suspension, or revocation of certification; disciplinary actions.—

(1) The following acts constitute grounds for which the board may impose disciplinary sanctions as specified in subsection (2):

(a) Obtaining or attempting to obtain certification or an exemption, or possessing or attempting to possess certification or a letter of exemption, by bribery, misrepresentation, deceit, or through an error of the board.

(b) Intentionally violating any provision of this chapter, chapter 456, or the rules adopted by the board.

(2) When the board finds any person guilty of any of the grounds set forth in subsection (1), it may enter an order imposing one or more of the following penalties:

(a) Denial, suspension, or revocation of certification.

(b) Imposition of an administrative fine not to exceed \$150 for each count or separate offense.

(c) Imposition of probation or restriction of certification, including conditions such as corrective actions as retraining or compliance with an approved treatment program for impaired practitioners.

(3) The board may, upon the request of a certificateholder, exempt the certificateholder from disqualification of employment in accordance with chapter 435 and issue a letter of exemption. The board must notify an applicant seeking an exemption from disqualification from certification or employment of its decision to approve or deny the request within 30 days after the date the board receives all required documentation.

464.2085 Council on Certified Nursing Assistants.--The Council on Certified Nursing Assistants is created within the department, under the Board of Nursing.

(1) The council shall consist of five members appointed as follows:

(a) The chairperson of the Board of Nursing shall appoint two members who are registered nurses. One of the members must currently supervise a certified nursing assistant in a licensed nursing home.

(b) The chairperson of the Board of Nursing shall appoint one member who is a licensed practical nurse who is currently working in a licensed nursing home.

(c) The State Surgeon General or his or her designee shall appoint two certified nursing assistants currently certified under this chapter, at least one of whom is currently working in a licensed nursing home.

(2) The council shall:

(a) Recommend to the department policies and procedures for the certification of nursing assistants.

(b) Develop all rules regulating the education, training, and certification process for nursing assistants certified under this chapter. The Board of Nursing shall consider adopting a proposed rule developed by the council at the regularly scheduled meeting immediately following the submission of the proposed rule by the council.

(c) Make recommendations to the board regarding all matters relating to the certification of nursing assistants.

(d) Address concerns and problems of certified nursing assistants in order to improve safety in the practice of certified nursing assistants.

FLORIDA STATUTES 2008

CHAPTER 400

These excerpts address special requirements for CNAs working in nursing homes. Included is the 4 month window provision and special inservice topics.

400.211 Persons employed as nursing assistants; certification requirement.--

(1) To serve as a nursing assistant in any nursing home, a person must be certified as a nursing assistant under part II of chapter 464, unless the person is a registered nurse or practical nurse licensed in accordance with part I of chapter 464 or an applicant for such licensure who is permitted to practice nursing in accordance with rules adopted by the Board of Nursing pursuant to part I of chapter 464.

(2) The following categories of persons who are not certified as nursing assistants under part II of chapter 464 may be employed by a nursing facility for a period of 4 months:

(a) Persons who are enrolled in, or have completed, a state-approved nursing assistant program;

(b) Persons who have been positively verified as actively certified and on the registry in another state with no findings of abuse, neglect, or exploitation in that state; or

(c) Persons who have preliminarily passed the state's certification exam.

The certification requirement must be met within 4 months after initial employment as a nursing assistant in a licensed nursing facility.

(3) Nursing homes shall require persons seeking employment as a certified nursing assistant to submit an employment history to the facility. The facility shall verify the employment history unless, through diligent efforts, such verification is not possible. There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, a former employer who reasonably and in good faith communicates his or her honest opinion about a former employee's job performance.

(4) When employed by a nursing home facility for a 12-month period or longer, a nursing assistant, to maintain certification, shall submit to a performance review every 12 months and must receive regular in-service education based on the outcome of such reviews. The in-service training must:

(a) Be sufficient to ensure the continuing competence of nursing assistants and must meet the standard specified in s. [464.203\(7\)](#);

(b) Include, at a minimum:

1. Techniques for assisting with eating and proper feeding;
2. Principles of adequate nutrition and hydration;
3. Techniques for assisting and responding to the cognitively impaired resident or the resident with difficult behaviors;
4. Techniques for caring for the resident at the end-of-life; and
5. Recognizing changes that place a resident at risk for pressure ulcers and falls; and

(c) Address areas of weakness as determined in nursing assistant performance reviews and may address the special needs of residents as determined by the nursing home facility staff.

TITLE 42--PUBLIC HEALTH - 2007
PART 483--REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES 2

Subpart D--Requirements That Must Be Met by States and State Agencies: Nurse Aide Training and Competency Evaluation, and Paid Feeding Assistants

Sec. 483.152 Requirements for approval of a nurse aide training and competency evaluation program.

Note to CNAs: The federal government wants to help people who would like to get in the health care field by becoming a CNA. A facility may have policies which govern when reimbursement to a CNA is given. Policies may include the completion of a probation period or may require the successful completion of the CNA examination. A CNA may receive reimbursement only one time for his/her training and certification if their training was conducted at a state approved school; submitting for reimbursement more than once may constitute fraud against the federal government.

(2) If an individual who is not employed, or does not have an offer to be employed, as a nurse aide becomes employed by, or receives an offer of employment from, a facility not later than 12 months after completing a nurse aide training and competency evaluation program, the State must provide for the reimbursement of costs incurred in completing the program on a pro rata basis during the period in which the individual is employed as a nurse aide.

Excerpt below from Medicaid Handbook for Nursing Facility Services, 7/1/2004.

"Federal regulations require that certified nursing assistants (CNAs) be reimbursed for the training and testing required for certification. Nursing facilities must reimburse individuals for training and testing costs incurred by any nursing assistant who is hired or receives an offer of employment within 12 months of completing the state-approved nurse aide training and competency evaluation program. Reimbursement must be made in full and is not to be made in installments. Reimbursement may be withheld until the nursing assistant completes the facility's probationary period consistent with the facility's personnel policies and procedures. The nursing facility cannot refuse to reimburse this cost if the facility is enrolled as a Medicaid provider.

Reimbursable costs include: (1) tuition, required textbooks, and other required course materials; and (2) the competency evaluation, including the written or oral examination and the skills demonstration. The cost of tuition is the amount charged by an approved training site. Reimbursable costs do not include personal items. Examples of personal items are uniforms, shoes, notepads, pencils, dictionaries and insurance.

In order to be reimbursed for training, the CNA must present documentation of the reimbursable costs associated with the training. Acceptable documentation includes dated receipts from the training site, cancelled checks, or letter from the training site stipulating dates of attendance and successful completion of coursework with documentation of payment by the individual. CNAs are eligible for reimbursement only if the costs were personally incurred. If training was provided through a scholarship or a job training program, the employee is not eligible for reimbursement.

CNA REPORTING REQUIREMENTS

1. CURRENT ADDRESS

The CNA's statute, Chapter 464 Part II, reads that "a CNA shall maintain a current address with the Board of Nursing". You are required to notify the registry **in writing** of any changes in your name or address. Official notifications and renewal forms are sent to your address of record.

2. FAILURE TO REPORT (64B9-15.009) (L)

CNAs must report to the Board of Nursing any person who has a license or certificate who they know is in violation of Chapter 64B9-15 or any rules of the Board of Nursing. The Board of Nursing may be reached at 850 245 4125.

3. FALSE REPORTING (64B9-15.009) (Q)

CNAs may not submit a false report or complaint to the Board of Nursing about another person who has a license or certificate.

4. CONVICTED OF A CRIME (64B9-15.009) (CC)

If a CNA has been found guilty of, or entered a plea of "nolo contendere" to a crime anywhere, he or she must report it to the Board of Nursing in writing within 30 days. The Board of Nursing may be reached at 850 245 4125.



ALWAYS KEEP A COPY OF ANY AND ALL COMMUNICATION WITH THE FLORIDA BOARD OF NURSING ALONG WITH DATE OF COMMUNICATION OR DATE OF WHEN AN ITEM WAS MAILED.

IN-SERVICE REQUIREMENTS TO RENEW CERTIFICATION

Certified Nursing Assistants are required by law to renew their certification every two years. Part of this requirement is that the CNA must take at least 12 hours of in-service education every year. The goal of in-service training is to keep important concepts updated, to learn new issues about working as a CNA, and to help a CNA who is weak in some particular area.

All CNAs working in Florida are required to take in-service training in these areas over a **two year** period of time:

- HIV/AIDs
- Infection Control
- Domestic Violence
- Medical Record Documentation
- Legal Aspects Appropriate to Nursing Assistants
- Resident Rights
- Communication with Cognitively Impaired Clients
- CPR Skills
- Medical Error Prevention and Safety

Many, but not all, of these topics will be covered by training your employer offers. Employer training is usually offered free of charge and you need it to keep your certification current.

IN-SERVICE REQUIREMENTS TO WORK IN A NURSING HOME

In addition to the above topics, a CNA working in a nursing home in Florida is required to have in service training in the following areas *every year*:

- Techniques for assisting with eating and proper feeding;
- Principles of adequate nutrition and hydration;
- Techniques for assisting and responding to the cognitively impaired resident or the resident with difficult behaviors;
- Techniques for caring for the resident at the end-of-life; and
- Recognizing changes that place a resident at risk for pressure ulcers and falls; and
- Address areas of weakness as determined in nursing assistant performance reviews and may address the special needs of residents as determined by the nursing home facility staff.

KEEPING UP WITH YOUR RECORDS

Because YOU are responsible for your own certification, you must keep track of your own in-service training, just like nurses do. Therefore, ask your employer for some documentation that you may keep to prove to the Board of Nursing you have had the necessary in-service training. The Board of Nursing may never ask to see proof of your in-service training, but if they do, you will be the one responsible for providing it. **CNAs must keep their in-service training records for four years, 64B9-15.010 (6), FAC.**

MAINTAINING YOUR CERTIFICATION

Your certification as a CNA remains until:

- You do not complete the required in-service training for a two year period of time
- You do not work for pay in ANY nursing-related service for 24 consecutive months
- Your certificate is revoked by the Board of Nursing as a result of some serious action taken against your Certificate (like a crime of some kind, or continued problems with addiction, or perhaps continued failure to pay a fine)

If you have a change of address, you must notify the CNA Registry at 850 245 4567.

STATE CONTACTS

Certified Nursing Assistants in Florida should know about the CNA Registry and the Florida Board of Nursing. These two groups will help you with any questions you have about keeping your certification active and current. They will also answer questions you have about reporting requirements or in-service education. They can also help you get recent copies of statutes or regulations that affect your practice.

A CNA can check his/her address and certification status by going online to www.doh.state.fl.us/mqa and selecting *Verify Practitioner License*.

Florida Board of Nursing Department of Health 4052 Bald Cypress Way, Bin C02 Tallahassee, FL 32399-3252 850 245 4125 Fax 850 245 4172 Web Site: http://www.doh.state.fl.us/mqa/nursing/nur_updates.html	Florida CNA Registry Board of Nursing Department of Health 4052 Bald Cypress Way, Bin C02 Tallahassee, FL 32399-3252 850 245 4567 Fax 850 245 4172 Web Site: http://www.doh.state.fl.us/mqa/cna/index.html
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OTHER CONTACTS OF INTEREST

CNA Council: This five member group consists of:

- 2 Certified Nursing Assistants
- 1 LPN who supervises CNAs
- 2 RNs, one of whom supervises CNAs

The Council is a sub-group of the Board of Nursing and they work on rules that govern the practice of CNAs in Florida. You may contact the CNA Council by writing to the Board of Nursing and addressing the envelope or document to: Florida CNA Council, c/o Florida Board of Nursing. You might contact the CNA Council if you have an idea for making the practice of CNAs better, safer, or easier in the state of Florida. The CNA Council meets about every other month.

APPENDIX A - COMMON MEDICAL ABBREVIATIONS

RELATING TO CONDITIONS

AIDS	acquired immune deficiency syndrome
AKA	<i>above</i> the knee amputation
BKA	<i>below</i> the knee amputation
CHF	congestive heart failure
COPD	chronic obstructive pulmonary disease
CVA	cerebrovascular accident; stroke
Fx	fracture
URI	upper respiratory infection
UTI	urinary tract infection

RELATING TO TIME

a.c.	before meals
am	morning
b.i.d.	twice a day
h.s.	bedtime
p.c.	after meals
pm	evening
qd	every day
q2h	every 2 hours
q.i.d.	four times a day
t.i.d.	three times a day

APPENDIX A - COMMON MEDICAL ABBREVIATIONS

MISCELLANEOUS

ADL	activities of daily living	Hx	<i>history</i>
ad lib.	as desired	I&O	intake & output
amb	ambulate, ambulatory	IV	intravenous
B&B	bowel and bladder training	NGT	nasogastric tube
BM	<i>bowel movement</i>	NPO	<i>nothing by mouth</i>
BP	<i>blood pressure</i>	N & V	<i>nausea and vomiting</i>
BRP	bathroom privileges	OOB	out of bed
BSC	bedside commode	p.o.	by mouth
c	with	p.r.n.	whenever necessary
c/o	complains of	PT	physical therapy
D/C	<i>discontinue</i>	stat	immediately
DNR	do not resuscitate	TPR	temperature, pulse, respiration
GT	gastrostomy tube	VS	vital signs
HOH	hard of hearing	w/c	wheelchair
ht	height	wt	weight

14. Which of the below is NOT an accepted rule for Medical Documentation (page 7)
- (a) Use standard medical abbreviations
 - (b) Use a pencil in all of your documentation
 - (c) Use correct spelling
 - (d) Always be honest when documenting
15. A CNA's certification remains current until she/he: (page 33)
- (a) fails to complete the required in-service training for a two year period of time
 - (b) does not work for pay in any nursing-related service for 24 consecutive months
 - (c) has her/his certificate revoked by the Board of Nursing as a result of some serious action taken against the certificate (like a crime of some kind, or continued problems with addiction, or perhaps continued failure to pay a fine)
 - (d) all of the above
16. A CNA can check their address and certification status by going online to www.doh.state.fl.us/mqa and selecting *Verify Practitioner License*. (page 33)
- True False
17. Poor documentation can mean that a resident does not receive the care he/she needs. (page 6)
- True False
18. The Rules and Statutes for CNAs may change sometimes. Which group can you contact to get the latest copy of a rule or statute for CNAs?: (page 33)
- (a) The CNA Registry or Board of Nursing
 - (b) The CNA Council
 - (c) The Department of Education
19. It is okay to occasionally document before giving care to a resident. (page 6)
- True False
20. Why is medical documentation important? (page 5-6)
- (a) It helps caregivers communicate with each other.
 - (b) Documentation can show how a resident is responding to care treatment.
 - (c) It is a legal record which can be used in a court of law.
 - (d) All of the above.