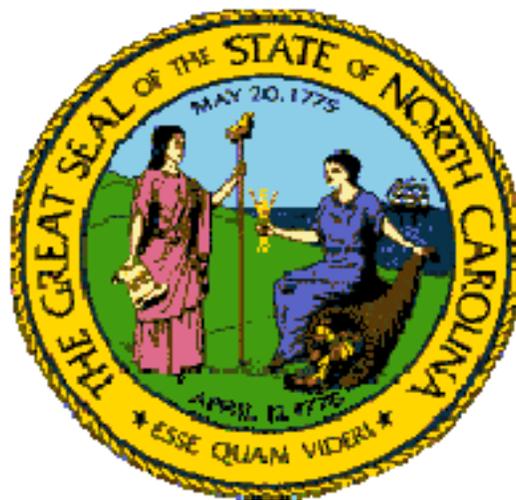




## Health Care Personnel Registry Section



## Handbook 2008

Health Care Personnel Registry Investigations  
2719 Mail Service Center  
Raleigh, NC 27699-2719

Center for Aide Regulation and Education  
2709 Mail Service Center  
Raleigh, North Carolina 27699-2709

## TABLE OF CONTENTS

	<b>Page</b>
Preface.....	i
Important Numbers .....	iii
 <b>Laws, Rules and Regulations</b>	
Nurse Aide I Registry, Training, and Competency .....	1
Feeding Assistant .....	1
Health Care Personnel Registry .....	2
Medication Aide.....	5
 <b>Center for Aide Regulation and Education</b>	
Nurse Aide I Training and Competency Evaluation .....	7
Medication Aide Training and Competency Evaluation.....	9
Nurse Aide I Registry.....	10
Medication Aide Registry .....	11
Listing Verification Requirements.....	12
Sample Listing Verifications .....	13
<b>Frequently Asked Questions</b>	
Nurse Aide I.....	15
Medication Aide.....	20
 <b>Health Care Personnel Registry and Investigations</b>	
Health Care Personnel Registry .....	23
Investigation Process and Reporting Requirements.....	24
Sample Questions and Information for Use During Investigations .....	26
Guideline for Listing Findings .....	27
<b>Reporting Forms</b>	
24-Hour Initial Report .....	28
5-Working Day Report.....	29

## **PREFACE**

### **North Carolina Department of Health and Human Services Division of Health Service Regulation Health Care Personnel Registry Section**

The N.C. Health Care Personnel Registry Section was formed in 1996 as a result of legislative action by the North Carolina General Assembly and reorganization within the Division of Health Service Regulation (formerly the Division of Facility Services). The section was organized into two branches handling existing Nurse Aide I Registry, training, and competency programs and, separately, the new Health Care Personnel Registry and nurse aide investigations programs.

The Health Care Personnel Registry law expanded the department's investigative jurisdiction for unlicensed personnel, from having limited regulatory authority for administrative actions against nurse aides working in nursing homes to include other unlicensed health care personnel working in other types of licensed health care facilities. Amendments in 1998, 1999, 2000 further expanded facility reporting requirements and the section's investigative responsibilities. Again, in January 2008, new laws came into effect for the Health Care Personnel Registry which broadened its jurisdiction to include more licensable and unlicensed providers of health care services. These new laws also broaden the definition of health care personnel to include facility administrative staff, directors, and other support staff.

Through its Center for Aide Regulation and Education Branch, it is the purpose of the section to review and determine federal and state compliance of all Nurse Aide I training and competency evaluation programs offered in the state. The section maintains an ongoing commitment to quality initiative efforts for the education, recruitment, and retention of nurse aides. Among these efforts, a competency-based nurse aide training curriculum was developed in 1997, which is available to all health care providers and serves to facilitate and ensure uniformity and consistency in the training of nurse aides. The North Carolina Community College System Office adopted this curriculum for use throughout its system in both continuing education and college credit programs. In 1999, funding received by the department from the Kate B. Reynolds Charitable Trust facilitated the development of continuing education modules which were made available to providers in 2002. Statewide, standardized competency testing for nurse aides and medication aides was implemented in 2006. This testing process meets all state and federal requirements for nurse aides and medication aides working in skilled nursing homes. In 2008, a new curriculum for workers already listed on the Nurse Aide I Registry will be implemented – the Geriatric Aide. This specialized training for nurse aides resulted from a recommendation of the Institute of Medicine Long Term Care Task Force. This training will build upon Nurse Aide I competencies, help improve the quality of care, and assist in the recruitment and retention of this field of care. Additionally, the section developed and maintains a state-approved curriculum for feeding assistants, based on the 2003 regulations published by the Centers for Medicare and Medicaid Services (CMS) requiring paid feeding assistants in nursing facilities to successfully complete a state-approved feeding assistant training program.

Tracking and public awareness of unlicensed assistive personnel and unlicensed health care personnel remains a primary mission for the section. The section is responsible for providing a registry of all nurse aides who have met federal and state training and competency requirements to perform Nurse Aide I tasks. Additional legislation in 2006 established a Medication Aide Registry for skilled nursing homes. Listing on the N.C. Medication Aide Registry qualifies an individual to work as a medication aide in skilled nursing facilities, as long as the individual is also listed in on the N.C. Nurse Aide I Registry and has no substantiated findings.

Additionally, the section maintains a registry (Health Care Personnel Registry) of unlicensed personnel who are being investigated (Pending listing) for or have been found to have caused harm to a resident or a facility (Substantiated finding listing). These listings are contained on the Nurse Aide I Registry and the Health Care Personnel Registry and may be used by an employer for the purpose of screening prospective applicants for employment or reviewing the employment status of a current employee.

The section's Investigations Branch is responsible for the review of all reported allegations of resident abuse or neglect, misappropriation of resident or facility property, fraud against a resident or facility, and diversion of resident or facility drugs which are committed by unlicensed facility staff, which during the course of their employment have the opportunity for direct contact with a resident or their property. Further, the section is responsible for taking administrative actions, within the scope of its regulatory authority, against such individuals when it finds one of these acts has occurred.

Nursing facilities are required to report all allegations committed by any facility staff person who has direct access to residents of the facility including administrative staff, unlicensed staff, licensed nurses and other licensed personnel, and staff providing support services. Other facilities, including adult care homes, hospitals, home care agencies, nursing pools, hospices, state-operated facilities, residential facilities, 24 hour facilities, multiunit assisted housing with services facilities, community-based providers of services for mentally ill, developmentally disabled and substance abusers, agencies providing in-home aide services funded by Home and Community Care Block Grant, and other licensable facilities as defined in G.S. 122C-3 (14)b. are required to report all allegations committed by *unlicensed* facility staff, including administrative staff, direct care staff, and other staff who provide support services who have direct access to the facility residents.

All licensed health care facilities, along with certain non-licensed health care facilities, are now required to access the Health Care Personnel Registry prior to employing facility staff. All nursing facilities must also verify listing on the Nurse Aide I and Medication Aide Registries prior to employing those staff. Registry information is made available to health care providers via Internet access at [www.ncnar.org](http://www.ncnar.org) and through a 24-hour telephone voice response system at (919) 715-0562. The section also provides staff assistance via telephone five days a week during normal business hours as a public service to employers and the general public for inquiries.

In keeping with the mission of the department, the efforts of the section are directed toward improving services to North Carolina citizens, curbing duplication of efforts among state agencies and controlling administrative costs. The section strives to promote quality in the delivery of health care and welcomes input from private citizens and health care providers on how it can better serve the needs of facility residents and the provider community. Correspondence should be addressed to Health Care Personnel Registry Investigations, Division of Health Service Regulation, 2719 Mail Service Center, Raleigh, NC, 27699-2719, or Center for Aide Regulation and Education, Division of Health Service Regulation, 2709 Mail Service Center, Raleigh, NC, 27699-2709.

# Health Care Personnel Registry Section

## Important Numbers

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### Center for Aide Regulation and Education Branch

#### To Confirm Listing Status

- Nurse Aide I Registry
- Medication Aide Registry (nursing home)
- Health Care Personnel Registry (includes Abuse, Neglect, Misappropriation, Fraud, and Diversion of Drugs)

by web (24 Hours/Day)..... [www.ncnar.org](http://www.ncnar.org)  
by phone (24 Hours/Day).....919-715-0562  
by phone/staff assistance (9AM -3PM).....919-855-3969

#### Phone the CARE Branch

General assistance for employers, aides, and the public (9AM -3PM).....919-855-3969  
General assistance for training and competency program faculty (8AM -5PM).....919-855-3970

Visit us online ..... [www.ncnar.org](http://www.ncnar.org)

#### Correspond

by fax.....919-733-9764  
by mail.....N.C. Department of Health and Human Services  
Division of Health Service Regulation  
Center for Aide Regulation and Education  
2709 Mail Service Center  
Raleigh, N.C. 27699-2709

### Health Care Personnel Registry Investigations Branch

#### To Report Allegations

by fax.....919-733-3207  
by mail.....N.C. Department of Health and Human Services  
Division of Health Service Regulation  
Health Care Personnel Registry Investigations  
2719 Mail Service Center  
Raleigh, N.C. 27699-2719

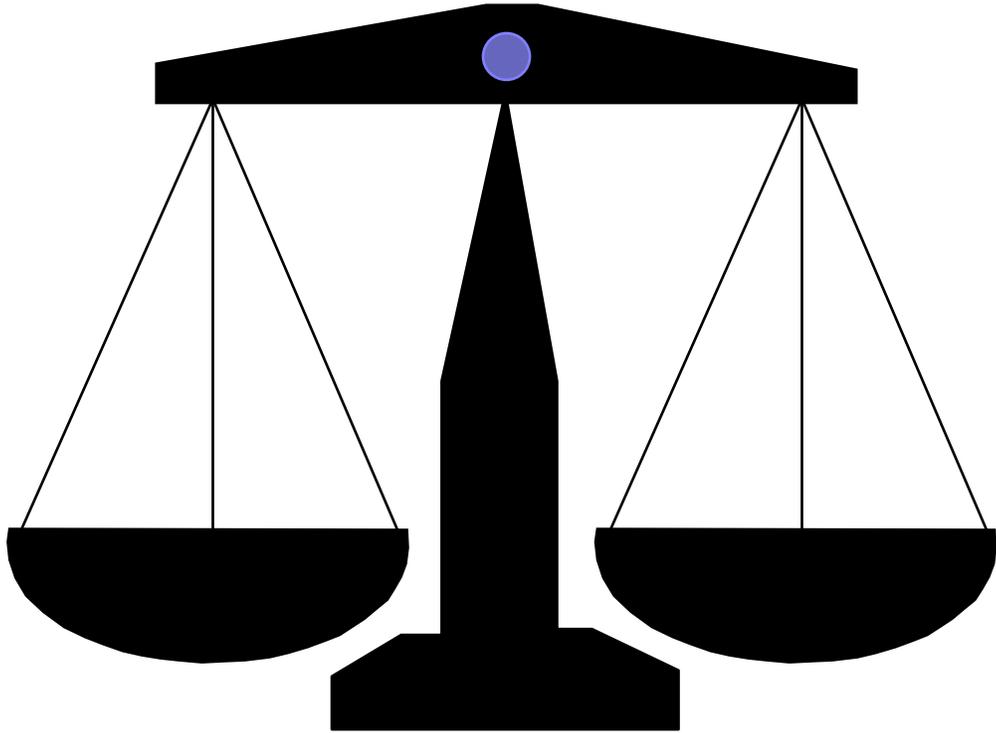
#### Obtain reporting forms and information

by phone (8AM - 5PM)..... 919-855-3968 (0)  
by internet ..... [www.ncnar.org](http://www.ncnar.org)

#### Speak to Investigations Branch staff for questions concerning reporting an allegation

by phone (8AM - 5PM)..... 919-855-3968 (0)

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**LAWS, RULES  
AND  
REGULATIONS**

**LAWS AND RULES FOR  
NURSE AIDE I REGISTRY, TRAINING, AND COMPETENCY**

**NC General Statutes - Chapter 131E Article 15  
Health Care Personnel Registry.**

**§131E-255. NURSE AIDE REGISTRY**

(a) Pursuant to 42 U.S.C. § 1395i-3(e) and 42 U.S.C. § 1396(r), the Department shall establish and maintain a registry containing the names of all nurse aides working in nursing facilities in North Carolina. The Department shall include in the nurse aide registry any findings by the Department of neglect of a resident in a nursing facility or abuse of a resident in a nursing facility or misappropriation of the property of a resident in a nursing facility by a nurse aide.

(b) A nurse aide who wishes to contest a finding of resident neglect, resident abuse, or misappropriation of resident property made against the aide, is entitled to an administrative hearing as provided by the Administrative Procedure Act, Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days of the mailing of the written notice by certified mail of the Department's intent to place findings against the aide in the nurse aide registry.

(c) 'Nursing facility' as used in this section, means a 'combination home' as defined in G.S. 131E-101(1) and a 'nursing home' as defined in G.S. 131E-101(6) and also means 'facility' as that term is defined in G.S. 131E-116(2).

(d) The Commission shall adopt, amend, and repeal all rules necessary for the implementation of this section.

(e) No person shall be liable for providing any information for the nurse aide registry if the information is provided in good faith. Neither an employer, potential employer, nor the Department shall be liable for using any information from the nurse aide registry if the information is used in good faith for the purpose of screening prospective applicants for employment or reviewing the employment status of an employee.

**FEDERAL REGULATION**

Federal Nurse Aide I Registry, training and competency requirements are contained in 42 U.S.C. 1395I-3(e); 42 U.S.C. 1396(r)(e); and 42 CFR 483 [483.75(e); 483.150-158].

**REGULATION FOR PAID FEEDING ASSISTANTS**

Federal requirements for the training and use of paid feeding assistants can be found at 42 CFR 483, Subpart B 483.35, 483.75, Subpart D 483.160, and 42 CFR 488, Subpart E 488.301.

**LAWS AND RULES FOR THE HEALTH CARE PERSONNEL REGISTRY**

**NC General Statutes - Chapter 131E Article 15  
Health Care Personnel Registry.**

**§ 131E-256. HEALTH CARE PERSONNEL REGISTRY.**

- (a) The Department shall establish and maintain a health care personnel registry containing the names of all health care personnel working in health care facilities in North Carolina who have:
- (1) Been subject to findings by the Department of:
    - a. Neglect or abuse of a resident in a health care facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.
    - b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.
    - c. Misappropriation of the property of a health care facility.
    - d. Diversion of drugs belonging to a health care facility.
    - d1. Diversion of drugs belonging to a patient or client of the health care facility.
    - e. Fraud against a health care facility.
    - e1. Fraud against a patient or client for whom the employee is providing services.
  - (2) Been accused of any of the acts listed in subdivision (1) of this subsection, but only after the Department has screened the allegation and determined that an investigation is required.

The Health Care Personnel Registry shall also contain all findings by the Department of neglect of a resident in a nursing facility or abuse of a resident in a nursing facility or misappropriation of the property of a resident in a nursing facility by a nurse aide that are contained in the nurse aide registry under G.S. 131E-255.

(a1) The Department shall include in the registry a brief statement of any individual disputing the finding entered against the individual in the health care personnel registry pursuant to subdivision (1) of subsection (a) of this section.

- (b) For the purpose of this section, the following are considered to be "health care facilities":
- (1) Adult Care Homes as defined in G.S. 131D-2.
  - (2) Hospitals as defined in G.S. 131E-76.
  - (3) Home Care Agencies as defined in G.S. 131E-136.
  - (4) Nursing Pools as defined by G.S. 131E-154.2.
  - (5) Hospices as defined by G.S. 131E-201.
  - (6) Nursing Facilities as defined by G.S. 131E-255.
  - (7) State-Operated Facilities as defined in G.S. 122C-3(14)f.
  - (8) Residential Facilities as defined in G.S. 122C-3(14)e.
  - (9) 24-Hour Facilities as defined in G.S. 122C-3(14)g.
  - (10) Licensable Facilities as defined in G.S. 122C-3(14)b.
  - (11) Multiunit Assisted Housing with Services as defined in G.S. 131D-2.
  - (12) Community-Based Providers of Services for the Mentally Ill, the Developmentally Disabled, and Substance Abusers that are not required to be licensed under Article 2 of Chapter 122C of the General Statutes.
  - (13) Agencies providing in-home aide services funded through the Home and Community Care Block Grant Program in accordance with G.S. 143B-181.1(a)11.

(c) For the purpose of this section, the term "health care personnel" means any unlicensed staff of a health care facility that has direct access to residents, clients, or their property. Direct access includes any health care facility unlicensed staff that during the course of employment has the opportunity for direct contact with an individual or an individual's property, when that individual is a resident or person to whom services are provided.

(d) Health care personnel who wish to contest findings under subdivision (a)(1) of this section are entitled to an administrative hearing as provided by the Administrative Procedure Act, Chapter 150B

of the General Statutes. A petition for a contested case shall be filed within 30 days of the mailing of the written notice of the Department's intent to place its findings about the person in the Health Care Personnel Registry.

(d1) Health care personnel who wish to contest the placement of information under subdivision (a)(2) of this section are entitled to an administrative hearing as provided by the Administrative Procedure Act, Chapter 150B of the General Statutes. A petition for a contested case hearing shall be filed within 30 days of the mailing of the written notice of the Department's intent to place information about the person in the Health Care Personnel Registry under subdivision (a)(2) of this section. Health care personnel who have filed a petition contesting the placement of information in the health care personnel registry under subdivision (a)(2) of this section are deemed to have challenged any findings made by the Department at the conclusion of its investigation.

(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.

(e) The Department shall provide an employer at a health care facility or potential employer at a health care facility of any person listed on the Health Care Personnel Registry information concerning the nature of the finding or allegation and the status of the investigation.

(f) No person shall be liable for providing any information for the health care personnel registry if the information is provided in good faith. Neither an employer, potential employer, nor the Department shall be liable for using any information from the health care personnel registry if the information is used in good faith for the purpose of screening prospective applicants for employment or reviewing the employment status of an employee.

(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.

(h) The North Carolina Medical Care Commission shall adopt, amend, and repeal all rules necessary for the implementation of this section.

(i) In the case of a finding of neglect under subdivision (1) of subsection (a) of this section, the Department shall establish a procedure to permit health care personnel to petition the Department to have his or her name removed from the registry upon a determination that:

- (1) The employment and personal history of the nurse aid does not reflect a pattern of abusive behavior or neglect;
- (2) The neglect involved in the original finding was a singular occurrence; and
- (3) The petition for removal is submitted after the expiration of the one-year period which began on the date the petitioner's name was added to the registry under subdivision (1) of subsection (a) of this section. (1995 (Reg. Sess., 1996), c. 713, s. 3(b); 1998-212, s. 12.16E; 1999-159, s. 1; 2000-55, s. 1; 2004-203, ss. 52(a), (b), (c); 2007-544, s. 2.)

**§ 131E-256.1. Adverse action on a license; appeal procedures.**

(a) The Department may suspend, cancel, or amend a license when a facility subject to this Article has substantially failed to comply with this Article or rules adopted under this Article.

(b) Administrative action taken by the Department under this section shall be in accordance with Chapter 150B of the General Statutes. (2000-55, s. 2.)

**North Carolina Administrative Code**  
**Subchapter 130- Health Care Personnel Registry**  
**Section .1000 – Health Care Personnel Registry**

**10A NCAC 130 .0101 DEFINITIONS**

The following definitions shall apply throughout this Subchapter:

- (1) “Abuse” is defined by 42 CFR Part 488 Subpart E which is incorporated by reference, including subsequent amendments. Copies of the Code of Federal Regulations may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington D.C. 20402.
- (2) “Diversion of drugs” means the unauthorized taking or use of any drug.
- (3) “Drug” means any chemical compound that may be used on or administered to humans or animals as an aid in the diagnosis, treatment or prevention of disease or other condition or for the relief of pain or suffering or to control or improve any physiological pathologic condition.
- (4) “Finding” (when used in conjunction with the Health Care Personnel Registry) means a determination by the Department that an allegation of resident abuse or neglect, misappropriation of resident or health care facility property, diversion of drugs belonging to a resident or health care facility, and fraud against a resident or health care facility has been substantiated.
- (5) “Fraud” means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.
- (6) “Health Care Facility” means all the facilities and agencies as defined in G.S. 131E-256 (b),
- (7) “Health Care Personnel” means all the persons as defined in G.S. 131E-256(c) .
- (8) “Misappropriation of resident property” is defined by 42 CFR Part 488 Subpart E which is incorporated by reference, including subsequent amendments. Copies of the Code of Federal Regulations may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington D.C. 20402.
- (9) “Misappropriation of the property of a health care facility” means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a health care facility’s property without the facility’s consent.
- (10) “Neglect” is defined by 42 CFR Part 488 Subpart E which is incorporated by reference, including subsequent amendments. Copies of the Code of Federal Regulations may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington D.C. 20402.
- (11) “Resident” means all the individuals residing in or being served by a health care facility as defined in G.S. 131E-256(b).

*History Note: Authority G.S. 131E-256; 42 U.S.C. 1395; 42 U.S.C. 1396;  
Temporary Adoption Eff. December 20, 1996;  
Eff. August 1, 1998.*

**10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL**

The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility’s investigation shall be submitted to the Department in accordance with G.S. 131E256(g).

*History Note: Authority G.S. 131E-256;  
Temporary Adoption Eff. December 20, 1996;  
Eff. August 1, 1998;  
Amended Eff. April 1, 2005.*

**Please see specific administrative rules related to services provided by your  
facility for other and current reporting requirements.**

**LAWS AND RULES FOR NORTH CAROLINA MEDICATION AIDE**

**NC General Statutes - Chapter 131E, Article 6  
Health Care Facility Licensure Act.  
Part 1. Nursing Home Licensure Act.**

**§ 131E-114.2. Use of medication aides to perform technical aspects of medication administration.**

- (a) Facilities licensed and medication administration services provided under this Part may utilize medication aides to perform the technical aspects of medication administration consistent with G.S. 90-171.20(7) and (8), and G.S. 90-171.43.
- (1) A medication aide who is employed in a facility licensed under Article 5, Article 6, Part 1, and Article 10 of this Chapter shall be listed as a Nurse Aide I on the Nurse Aide I Registry in addition to being listed on the Medication Aide Registry.
  - (2) Medication administration as used in Article 5, Article 6, Part 1, and Article 10 of this Chapter shall not include intravenous or injectable medication services.
- (b) The Commission shall adopt rules to implement this section. Rules adopted by the Commission shall include:
- (1) Training and competency evaluation of medication aides as provided for under this section.
  - (2) Requirements for listing under the Medication Aide Registry as provided for under G.S. 131E-271.
  - (3) Requirements for supervision of medication aides by licensed health professionals or appropriately qualified supervisory personnel consistent with this Part. (2005-276, s. 10.40C(a).)

**NC General Statutes - Chapter 131E, Article 16  
Miscellaneous Provisions.**

**§ 131E-270. Medication Aide Registry.**

- (a) The Department shall establish and maintain a Medication Aide Registry containing the names of all health care personnel in North Carolina who have successfully completed a medication aide training program that has been approved by the North Carolina Board of Nursing and passed a State-administered medication aide competency exam.
- (b) Before allowing an individual to serve as a medication aide, an employer shall access the Medication Aide Registry to verify that the individual is listed on the Registry and shall note each incidence of access in the appropriate business file. Employers may not use an individual as a medication aide unless the individual is listed on the Medication Aide Registry.
- (c) Employers shall access the Health Care Personnel Registry prior to employing a medication aide. Any substantiated action as defined in G.S. 131E-256(a)(1) listed against the medication aide shall disqualify the medication aide from employment in any facility or agency covered by Part 1 of Article 6 of this Chapter. (2005-276, s. 10.40C(c).)

**North Carolina Administrative Code  
Subchapter 130- Health Care Personnel Registry  
Section .0200—Medication Aide Registry**

**10A NCAC 130 .0201 MEDICATION AIDE COMPETENCY EVALUATION**

- (a) A competency evaluation candidate shall be advised by the department after successful completion of a North Carolina Board of Nursing approved medication aide training program and prior to the competency exam that upon successful completion of the competency exam the individual will be listed on the State's medication aide registry.
- (b) The competency exam shall include each course requirement specified in the North Carolina Board of Nursing's approved training program as provided for in 21 NCAC 36 .0403 and 21 NCAC 36 .0406.

- (c) The competency examination shall be administered and evaluated only by the Department or its agent.
- (d) A record of successful completion of the competency exam shall be included in the medication aide registry within 30 business days of successful completion of the evaluation.
- (e) If the competency exam candidate does not satisfactorily complete the exam, the candidate shall be advised by the Department of the area which the individual did not pass.
- (f) Every competency exam candidate shall have the opportunity to take the exam three times before being required to retake and successfully complete the Medication Aide training program.

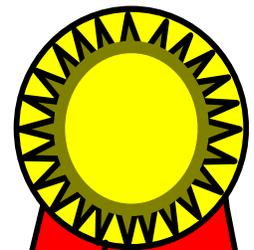
*History Note: Authority G.S. 131E-114.2(b); 131E-270;  
Eff. October 1, 2006*

#### **10A NCAC 130 .0202 REGISTRY OF MEDICATION AIDES**

- (a) Prior to assigning medication aide duties to a Medication Aide, pursuant to G.S. 131E-114.2, the facility shall conduct a clinical skills validation for those medication administration tasks to be performed in the facility. This validation shall be conducted by a registered nurse consistent with his/her occupational licensing law and who has a current unencumbered license to practice in North Carolina. A record of this validation shall be retained in the Medication Aide's file.
- (b) The Department shall provide information on the registry within one business day of the request for information.
- (c) The medication Aide listing on the Medication Aide Registry shall be renewed every two years provided the individual has worked for a minimum of eight hours as a Medication Aide in each consecutive 24 month period following their initial listing.
- (d) The registry shall contain the following information for each individual who is listed on the Medication Aide Registry:
  - (1) the individual's full name;
  - (2) the date the individual became eligible for placement on the registry;
  - (3) the training program and competency exam completed; and
  - (4) the date of listing renewal and expiration.
- (e) The Medication Aide Registry shall remove entries for individuals who have not been employed as a medication aide for a minimum of eight hours in each consecutive 24 month period following initial listing.
- (f) An individual who gains or attempts to gain registry listing by providing false or misleading information on listing or re-listing applicants shall not be listed on the registry.

*History Note: Authority G.S. 131E-114.2(b); 131E-270;  
Eff. October 1, 2006*

**Center  
for  
Aide Regulation  
and  
Education**



## **Nurse Aide I Training and Competency Evaluation Programs**

The Omnibus Budget Reconciliation Act (OBRA) of 1987 and the 1989 Amendments direct states to specify those training and competency evaluation programs that the state approves for nurse aides employed by nursing facilities participating in Medicare and Medicaid programs on or after October 1, 1990. The Center for Aide Regulation and Education (C.A.R.E.) Branch reviews and approves nurse aide training and competency evaluation programs offered in the state in accordance with these regulations.

### **Training Programs**

State-approved Nurse Aide I Training Programs prepare individuals to complete the state-approved competency evaluation examination. Upon successful completion of competency evaluation examinations, individuals are listed on the North Carolina Nurse Aide I Registry. This program also prepares individuals to work in other practice settings when additional tasks not covered in the basic program are taught by the employing agency.

To meet minimum requirements, a program must consist of at least 75 hours of combined classroom and practical (laboratory and clinical) instruction. The derivation of grades for the classroom component is decided by the individual program. A college/facility must require a minimum of 75 as the final classroom grade. Prior to any direct contact with a resident, the program must also provide 16 hours of training in the following areas: communication and interpersonal skills; infection control; safety/emergency procedures; including relief of choking; promoting residents' independence; and respecting residents' rights. A minimum of 16 hours of practical (combined laboratory and clinical) training must be accomplished.

To improve the quality of care provided the elderly and chronically ill, in 1993, the Nurse Aide I Program (now known as C.A.R.E.), spearheaded an initiative to develop a competency-based nurse aide training curriculum. The first state-approved curriculum was issued in February 1997 and was adapted from a Pennsylvania Nurse Aide Curriculum to meet North Carolina Nurse Aide I standards. The effort was accomplished working in partnership with representatives from the private sector as well as representatives of other state agencies and professional associations. The current curriculum edition is available to all health care providers and serves to facilitate and ensure uniformity and consistency in the training of nurse aides. The North Carolina Community College System Office has adopted this curriculum for use throughout its system in both continuing education and college credit programs.

Competency based education is based on the concept of mastery of behavioral objectives with sufficient time allotted for the individual to achieve mastery. To pass the practical (laboratory and clinical) portion of the Nurse Aide I Training Program, the individual must be proficient in demonstrating all skills. Proficiency is defined as the ability to perform a skill in a competent and safe manner.

Educational and health care institutions may download a copy of the state-approved Nurse Aide I Training Curriculum for their use via Internet access at [www.ncnar.org](http://www.ncnar.org).

Questions regarding how to start a nurse aide training program should be directed to the training program office staff at 919-855-3970, during normal business hours.

### **Competency Testing**

In 2006, C.A.R.E. implemented standardized Nurse Aide I competency testing throughout the state. This is handled by contract with a single vendor state-wide, whose testing process has been approved by the Branch as meeting all state and federal requirements for nurse aides working in skilled nursing homes.

Current information about nurse aide training and testing program locations is available online at [www.ncnar.org](http://www.ncnar.org) or by calling 919-855-3969, weekdays between 9 a.m. and 3 p.m.

## Medication Aide Training and Competency Evaluation

In 2006, state regulations for nursing facilities established requirements for the use of medication aides to perform technical aspects of medication administration in nursing homes. Under these regulations, medication aides must have completed an approved training program and competency examination and be listed on the state's Medication Aide Registry, in addition to being listed on the Nurse Aide I Registry.

The Center for Aide Regulation and Education (C.A.R.E.) administers the medication aide competency exam through a contractual agreement with a single vendor state-wide. The exam is standardized and meets the requirements for medication aides working in skilled nursing homes.

Prior to taking the competency evaluation, individuals must complete a medication aide training program approved by the North Carolina Board of Nursing. Individuals should contact their local community college, AHEC, employer, or the North Carolina Board of Nursing for information regarding board-approved medication aide training programs. The Board of Nursing website, [www.ncbon.org](http://www.ncbon.org), contains a list of instructors who are certified to teach the medication aide course required for working in a skilled nursing facility.

Upon successful completion of a board-approved medication aide training program, individuals can apply for the medication aide exam. Successful completion of the state-approved exam will result in being listed on the North Carolina Medication Aide Registry.

Current information regarding the state-approved medication aide competency exam is available via [www.ncnar.org](http://www.ncnar.org) or by calling registry staff at 919-855-3969, weekdays between 9 a.m. and 3 p.m.

Note: The Division of Health Service Regulation requirements for medication aides working in adult care home settings are different from the requirements for medication aides who work in nursing homes. Individuals who wish to work as a medication aide in an adult care home setting must complete an exam administered by the Division of Health Service Regulation, Adult Care Licensure Section. For information about exams for working as a medication aide in an adult care home, contact 919-855-3793.

## **North Carolina Nurse Aide I Registry**

The Center for Aide Regulation and Education (C.A.R.E.) Branch of the Health Care Personnel Registry Section provides a registry of every Nurse Aide I in North Carolina who has met the federal and state training and competency requirements to perform "Nurse Aide I" functions. The registry was established by 42 USC 1395I-3(e) and 42 USC 1396(r)(e). Article 15 of the N.C. General Statute 131E as well as rules in Title 10A of the North Carolina Administrative Code (10 NCAC 130 and 10A NCAC 13D .2304) apply.

The Nurse Aide I Registry includes listings for all nurse aides who have successfully completed a state-approved Nurse Aide Training and Competency Evaluation Program (NAT/CEP) or a state-approved Competency Evaluation Program (CEP). The registry also includes substantiated cases of resident abuse, resident neglect and misappropriation of resident property committed by nurse aides in a nursing home.

Federal nursing home requirements specify that facilities must verify a person's listing on the Nurse Aide I Registry before allowing the individual to serve as a nurse aide. Nurse aides may not work in a nursing home if there is a substantiated finding of abuse, neglect, or misappropriation of resident property listed against them on the registry. More information about these listing verification requirements are provided at the end of this section.

To remain listed on the registry, a Nurse Aide I must be able to document at least eight hours of eligible employment during each two year period. Nurse aides who fail to meet the employment requirements must complete a new competency evaluation program or training and competency evaluation program to be re-listed.

Forms and information for Nurse Aides can be obtained online at [www.ncnar.org](http://www.ncnar.org) or by calling registry staff at 919-855-3969, Monday through Friday from 9 a.m. to 3 p.m.

Access to the Nurse Aide I, Medication Aide and Health Care Personnel Registries is available via our website at [www.ncnar.org](http://www.ncnar.org), through the the 24-hour telephone voice response system at 919-715-0562 or by calling registry staff at 919-855-3969, Monday through Friday from 9 a.m. to 3 p.m.

## North Carolina Medication Aide Registry

The North Carolina Medication Aide Registry was established in 2006 by North Carolina General Statutes (§ 131E-270). N.C. General Statute 131E-114.2 as well as rules in Title 10A of the North Carolina Administrative Code (10 NCAC 13O) apply. The registry is maintained by the Center for Aide Regulation and Education (C.A.R.E) Branch of the Health Care Personnel Registry Section.

To work as a medication aide in a skilled nursing facility, an individual must first successfully complete a 24-hour North Carolina Board of Nursing-approved medication aide training program, pass the state-approved medication aide exam, and be listed on the North Carolina Medication Aide Registry. The medication aide must also be listed as a Nurse Aide I.

A skilled nursing facility must verify that an individual is listed on the North Carolina Medication Aide Registry before allowing an individual to work as a medication aide. Nursing home employers must also verify listing on the Health Care Personnel Registry and Nurse Aide I Registry prior to employing a medication aide. A substantiated finding on the Health Care Personnel Registry disqualifies the medication aide from employment in a skilled nursing facility. More information about these listing verification requirements are provided at the end of this section.

Before allowing a medication aide to administer medications, the nursing home employer must conduct a clinical skills validation for those medication tasks to be performed in the facility. The validation must be conducted by a registered nurse.

To remain listed on the North Carolina Medication Aide Registry, a medication aide must be able to document at least eight hours of eligible employment during each two year period. Medication aides who fail to meet the employment requirements must complete a new 24-hour North Carolina Board of Nursing-approved medication aide training program and the state-approved competency examination to be re-listed.

Forms and information for medication aides can be obtained online at [www.ncnar.org](http://www.ncnar.org) or by calling registry staff at 919-855-3969, Monday through Friday from 9 a.m. to 3 p.m.

Access to the Nurse Aide I, Medication Aide and Health Care Personnel Registries is available via our website at [www.ncnar.org](http://www.ncnar.org), through the the 24-hour telephone voice response system at 919-715-0562 or by calling 919-855-3969, Monday through Friday from 9 a.m. to 3 p.m.

**Note:** The Division of Health Service Regulation requirements for medication aides in adult care home settings are different from the medication aides working in nursing homes. Individuals who wish to work as a medication aide in an adult care home setting must complete an exam administered by the Division of Health Service Regulation, Adult Care Licensure Section. For information about the exam for working as a medication aide in an adult care home, contact 919-855-3793.

## **Registry Verification Requirements**

### **Nurse Aide Registry**

Federal regulations for long-term care facilities [skilled nursing and nursing facilities] require that before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements. Nursing home employers must also verify listing on the Health Care Personnel Registry prior to employing a nurse aide or other unlicensed assistant personnel who provide hands-on care. Nurse aides who have substantiated findings of resident abuse, resident neglect, or misappropriation of resident property in a nursing home listed against them on the North Carolina Nurse Aide Registry (or on any State's Nurse Aide Registry) are prohibited from working in a nursing facility [42 U.S.C. Section 1395i-3(g)(1)(C); 42 U.S.C. Section 1396r(g)(1)(C); 42 CFR 483.13 (c)(1)(ii)(B)].

### **Medication Aide Registry**

Effective July 1, 2006, state regulations for long-term care facilities [skilled nursing and nursing facilities] require that the facility must verify an individual is listed on the N.C. Medication Aide Registry before allowing an individual to work as a medication aide. An employer must keep a record of accessing the registry and must note each incidence of access in their business files. Nursing home employers must also verify listing on the Health Care Personnel Registry and Nurse Aide I Registry prior to employing a medication aide. A substantiated finding on the Health Care Personnel Registry disqualifies the medication aide from employment in a skilled nursing facility per [NC G.S. 131E-270\(C\)](#).

### **Health Care Personnel Registry**

The Health Care Personnel Registry is a state-mandated registry ([NC G.S. 131E-256](#); [10A NCAC 130](#)), that contains the names of health care personnel who have pending investigations of allegations or substantiated findings by the department of resident abuse, resident neglect, misappropriation of resident or facility property, fraud against a resident or facility, or diversion of drugs belonging to a resident or facility. The Health Care Personnel Registry includes all of the findings contained in the Nurse Aide I Registry (resident abuse, resident neglect, or misappropriation of the property of a resident in a nursing facility by a nurse aide) under [NC G.S. 131E-255](#). Before hiring health care personnel into a health care facility or service, health care facility employers as defined in [NC G.S. 131E-256\(b\)](#) must access the Health Care Personnel Registry and note each incident of access in their business files.

Note: Listing verification requirements and employment prohibitions unique to other health care employers may also apply. Health care employers needing guidance on verification requirements and prohibitions specific to them can contact their respective survey or licensure section within the Division of Health Service Regulation or other appropriate regulatory agency.

### **How to Verify**

Verification of individuals listed on the North Carolina Nurse Aide I Registry, North Carolina Medication Aide Registry, or the North Carolina Health Care Personnel Registry may be obtained from [www.ncnar.org](http://www.ncnar.org) or by calling the registry's 24-hour automated telephone voice response system at 919-715-0562. Date-specific confirmation numbers are given to validate each inquiry. Printed verifications are available from the website. Sample verifications are provided on the following pages.



## NORTH CAROLINA

Nurse Aide I Registry  
Medication Aide Registry  
Health Care Personnel Registry

### Verification of Listing/Search Results:

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**The following individual is listed on the Nurse Aide I Registry with no substantiated finding of resident abuse, resident neglect or misappropriation of resident property in a Nursing Facility:**

Name: DOE, JOHN JACOB  
Social Security Number: XXX-XX-1234  
Nurse Aide I Listing Number: 123456  
Listing Expiration Date: 12/31/2008

**The requested individual is not listed as a North Carolina Medication Aide on the North Carolina Medication Aide Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling 919-733-7615.**

Name: DOE, JOHN JACOB  
Social Security Number: XXX-XX-1234

**The HEALTH CARE PERSONNEL REGISTRY contains the following information. Please Note: substantiated findings of resident abuse, resident neglect or misappropriation of resident property in a Nursing Facility are also considered to be substantiated findings on the NURSE AIDE I REGISTRY.**

DOE, JOHN JACOB, social security number XXX-XX-1234, has 1 pending investigation(s) for an allegation of Neglect of a Resident.

The listing verification is completed. Please record confirmation number **112356789W** in your business files to validate this inquiry which was made on 12/03/2007.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-715-0562 Monday through Friday from 9 a.m. to 3 p.m. and speaking with a registry representative.

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## NORTH CAROLINA

Nurse Aide I Registry  
Medication Aide Registry  
Health Care Personnel Registry

### Verification of Listing/Search Results:

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**The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling 919-733-7615.**

Social Security Number: XXX-XX-1234

The listing verification is completed. Please record confirmation number **123456789W** in your business files to validate this inquiry which was made on 10/02/2007.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-715-0562 Monday through Friday from 9 a.m. to 3 p.m. and speaking with a registry representative.

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(To print this verification, please click on the Print button in your browser.)

[Return to Home Page](#)

To obtain this information go to:  
[www.ncnar.org](http://www.ncnar.org)



# **Frequently Asked Questions** **...And Answers**



**N.C. DHHS/Division of Health Service Regulation  
Health Care Personnel Registry Section  
Center for Aide Regulation and Education**  
2709 Mail Service Center  
Raleigh, NC 27699-2709  
**Staff:** 919-855-3969/9 a.m. - 3 p.m., M-F  
**24 hour:** 919-715-0562  
**Fax:** 919-733-9764  
**HCPR website:** [www.ncnar.org](http://www.ncnar.org)

## **N.C. Nurse Aide I Frequently Asked Questions**

*for prospective and practicing Nurse Aide I's and their employers*

### **1. What registries are maintained by the Health Care Personnel Registry (HCPR) Section?**

The HCPR Section is responsible for the Nurse Aide I Registry, N.C. Medication Aide Registry, and the Health Care Personnel Registry. The Center for Aide Regulation and Education (CARE) Branch provides regulatory oversight for aide registry, training and competency, and for providing registry listing verification to health care employers. The Investigations Branch is responsible for investigating and listing allegations and Findings on the Health Care Personnel Registry.

Note: The Nurse Aide II Registry is maintained by the N.C. Board of Nursing, and can be reached by calling 919-782-7499 or online at [www.ncbon.org](http://www.ncbon.org).

### **2. What is the N.C. Nurse Aide I Registry and who must be listed?**

The N.C. Nurse Aide I Registry is a federally mandated registry that lists all individuals who meet federal and state training and competency requirements to perform Nurse Aide I activities. Anyone who desires to work as a nurse aide in a North Carolina nursing home must first be listed on the Nurse Aide I Registry, including RNs, LPNs, and Nurse Aide IIs. Medication aides who work in skilled nursing facilities must also be listed on the N.C. Nurse Aide I Registry.

### **3. How does one become listed on the N.C. Nurse Aide I Registry?**

To become a Nurse Aide I, one must successfully complete a state-approved Nurse Aide I Training Program and the state-approved Nurse Aide I Competency Evaluation, or for individuals with previous or equivalent training (such as nursing students, nurse aides from other states, and nurse aides who have allowed their listings to expire) the state-approved Nurse Aide I Competency Evaluation. North Carolina does not accept reciprocity from another state.

Licensed nurses may be listed with no additional training or testing if they are or have been employed in health care during the past 24 months and have a current, unrestricted license to practice in North Carolina. An application form may be obtained from the HCPR website or by contacting registry staff.

### **4. How long does it take to be listed on the Nurse Aide I Registry after completing the exam?**

Successful Nurse Aide I candidates (those who pass both portions of the exam) are typically listed on the registry within two to four business days after completing the exam. New listings can be verified online and through the automated Voice Response System after one business day. See question 21 below.

### **5. What is the listing period of a Nurse Aide I (how long is the listing valid)?**

A Nurse Aide I listing is valid for a 24-month period only. The 24-month listing period begins when the individual passes the state-approved competency evaluation, and can be reinstated based on reported qualified employment dates. See questions 7 through 9 below.

### **6. How is the Nurse Aide I listing expiration date calculated?**

Initially, Nurse Aide I listings expire 24 months after the date the aide passes competency evaluation. Exams taken by October 31, 2005 resulted in expiration dates calculated 24 months after the day of the exam. All test dates starting November 1, 2005 will have expiration dates 24 months from the end of the month in which the exam was taken. At listing renewal, expiration dates are calculated in the very same way, using the individual's most recent reported date of qualified employment.

## 7. How does a Nurse Aide I renew listing?

Nurse Aide I listings are renewed based on qualified work (see questions 8 and 9 below) performed by the Nurse Aide I during each 24-month listing period. Approximately 2 to 3 months before the expiration date, eligible aides are automatically mailed a renewal application and instructions for reporting their qualified employment to the registry.

To avoid a lapse in listing, the Nurse Aide I is responsible for 1) ensuring that his or her employment will meet the renewal criteria during each listing period, 2) reporting name/address changes to the registry, 3) knowing when his or her listing will expire, and 4) ensuring that the completed renewal application is returned to the registry before the listing expires, even if the automatic mailing is not received\*. To allow time for processing, it is recommended that the renewal application be returned at least 4 to 6 weeks before the listing expires.

Level I nurse aides who perform no qualified work during a 24-month period must complete a new state-approved Nurse Aide I Training Program and the state-approved Competency Evaluation Program or the state-approved Nurse Aide I Competency Evaluation Program to be relisted.

\*If the automatic mailing is not received at least two months prior to expiration, the Nurse Aide I should contact the registry to request an application form be mailed to them. (A request for mailing can be obtained from the website and faxed or mailed to the registry.)

## 8. What is qualified work for the Nurse Aide I renewal?

Qualified work for a Nurse Aide I is employment that meets ALL FOUR (4) of the following criteria:

- 1) The employment must be for monetary compensation
- 2) The employment must be as either:
  - a) a nurse aide, performing direct patient care OR
  - b) an RN-supervised medication aide, performing medication administration tasks
- 3) The work must be delegated and supervised by a registered nurse
- 4) Total time worked during the aide's 24-month listing period equals 8 hours or more

## 9. What is not qualified work for Nurse Aide I renewal?

The following types of work cannot be considered for Nurse Aide I listing renewal:

- a. Work that is not delegated and supervised by an RN
- b. Less than 8 hours of cumulative qualified employment during the listing period
- c. Employment dates on which the aide did not actually work, even if on payroll (e.g., on medical leave)
- d. Volunteer work - work with no monetary compensation
- e. Sitter work
- f. Periods of orientation where no direct patient care or medication administration tasks are performed
- g. Work that the RN supervisor cannot support with written documentation or facility records, or by personal supervision on (and thereby knowledge of) the employment date.
- h. Work that is not within the scope of a Nurse Aide I or Medication Aide

## 10. Does the state charge a listing or renewal fee?

No.

## 11. Is a notification sent once the Nurse Aide I renewal is complete?

Renewed listing expiration dates are added each business day at [www.ncnar.org](http://www.ncnar.org) and at 919-715-0562. Aides and facilities may register online to receive a courtesy email notification to alert when the registry has received a renewal form and also when a listing expiration date has been changed. (To register, visit [www.ncnar.org](http://www.ncnar.org), click on Verify Listings, and enter your email address and the social security number for which you wish to receive notification, then click submit. The registration will be valid for 12 months.) It is important to complete this registration before submitting the renewal application to the registry to receive notification. Note: The registry does not guarantee delivery of email. No other notifications are sent verifying the renewal.

## **12. Why wasn't my listing expiration date extended for two more years upon renewal?**

See question 6 above for an explanation of how expiration dates are calculated. The reported qualified employment date on the Nurse Aide I renewal application, determines the date on which the next 24-month listing period starts. The new listing period does not start on the last expiration date. If the employment date is prior to November 2005, the new expiration date will be calculated 24 months out from the exact day. An 8-hour qualified employment date occurring in November 2005 or later qualifies as employment held during the entire month, and the 24-month period is extended 24 months out to the end of the month.

## **13. How does a Nurse Aide I report changes (name, address, etc.) to the registry?**

Address and phone number changes may be made either in writing or by phone during registry office hours, which are 9 a.m. to 3 p.m. Monday through Friday. Contact information for the registry can be found at the top of this document. Written requests for address and phone number changes must be signed and include social security number.

Name change requests must be submitted in writing and must include:

- 1) a copy of the official court document\* (e.g., state-issued marriage license, state-issued birth certificate, divorce decree stating the resumption of a prior name, etc.) that demonstrates the name change or correction, AND
- 2) a copy of the signed social security card\*, with the new name on it. For convenience, a change of address or name form may be obtained at [www.ncnar.org](http://www.ncnar.org).

\*Please do not send original documents through the mail. Copies are sufficient. All copies provided to the registry must be made from official and legal documents; documents may be subject to verification with the issuing source.

## **14. Where are state-approved Nurse Aide I Training Programs taught?**

State-approved Nurse Aide I Training Programs (75 hours or longer) are offered at most community colleges and at various nursing homes, hospitals, home care agencies, and private companies. For assistance locating state-approved Nurse Aide I Training Programs in your area, visit [www.ncnar.org](http://www.ncnar.org), or contact registry staff. Since admission policies and class schedules vary, individuals should contact the Program Coordinator at an approved location for information specific to that site.

Note: Some community colleges offer Nurse Aide I refresher courses, as well as Nurse Aide I transition courses for EMTs, paramedics, surgical technicians and medical office assistants. While these are not considered state-approved Nurse Aide I Training Programs, they were designed to prepare individuals with prior training for competency. Contact your local community college for information.

## **15. Is completion of a state-approved Nurse Aide I Training Program required?**

No. However, training is recommended for anyone seeking listing as a Nurse Aide I and prior to attempting competency evaluation. Nursing students, nurse aides from other states, and nurse aides who have allowed their listings to expire may wish to attempt the state-approved Competency Evaluation Program without taking any additional training. Completion of a state-approved Nurse Aide I Training Program is required if an individual fails three consecutive competency examination attempts.

## **16. Is it important for a test candidate to indicate completion of a state-approved Nurse Aide I Training Program on the application for competency evaluation?**

Yes. For example, training verification may be requested by other state registries for nurse aides seeking reciprocity from North Carolina. Only state-approved programs are monitored for compliance with the federal standards for nurse aide training. Therefore, test candidates whose training is not validated on the application for competency evaluation will not have a record of their training included on the Nurse Aide I registry for verification and disclosure purposes.

**17. Where and how does one apply for the state-approved N.C. Nurse Aide I Competency Evaluation?**

Pearson Vue is the state-approved vendor for North Carolina Nurse Aide I Competency Evaluations. The Nurse Aide Competency Evaluation Service (NACES) works with Pearson Vue to schedule and administer the examinations. Approved training programs may assist their students with exam scheduling. Individuals who wish to schedule an exam may obtain a candidate handbook, application and test schedules at [www.pearsonvue.com](http://www.pearsonvue.com) (Test Taker Information, North Carolina Nurse Aide I & Medication Aide), or by calling NACES at 1-888-282-6904.

**18. When is retraining or retesting required for the Nurse Aide I?**

Level I nurse aides who do not hold qualified employment (see questions 8 and 9 above) for at least 8 hours in a 24-consecutive-month period (two full years) must complete either a new state-approved Nurse Aide I Training and the state-approved Nurse Aide I Competency Evaluation Program or the state-approved Nurse Aide I Competency Evaluation Program to be relisted.

**19. What is the Health Care Personnel Registry?**

The Health Care Personnel Registry is a state-mandated registry (NC G.S. 131E-256; 10 NCAC130) that contains the names of health care personnel who have pending investigations of allegations or substantiated Findings by the department of resident abuse, resident neglect, misappropriation of resident or facility property, fraud against a resident or facility, or diversion of drugs belonging to a resident or facility. The Health Care Personnel Registry includes all of the Findings contained in the Nurse Aide I Registry (resident abuse, resident neglect, or misappropriation of the property of a resident in a nursing facility by a nurse aide) under NC G.S. 131E-255. Before hiring health care personnel into a health care facility or service, health care facility employers as defined in NC G.S. 131E-256(b) must access the Health Care Personnel Registry and note each incident of access in their business files.

A listing on the Health Care Personnel Registry does not indicate completion of any type of training or competency evaluation. A listing on the Health Care Personnel Registry only indicates that the individual is either under investigation or has had a substantiated Finding placed on the registry as noted above.

Nurse aides who have substantiated Findings of resident abuse, resident neglect, or misappropriation of resident property in a nursing home listed against them on the North Carolina Nurse Aide Registry (or on any state's Nurse Aide Registry) are prohibited from working in a nursing facility [42 U.S.C. Section 1395i-3(g)(1)(C); 42 U.S.C. Section 1396r(g)(1)(C); 42 CFR 483.13 (c)(1)(ii)(B)]. Additionally, medication aides who have any type of substantiated Finding listed on the Health Care Personnel Registry are prohibited from working in a nursing facility per NC G.S. 131E-270(C). Employment prohibitions unique to other health care employers may also apply. Health care employers needing guidance on prohibitions specific to them can contact their respective survey or licensure section within the Division of Health Service Regulation or other appropriate regulatory agency.

**20. What is the N.C. Medication Aide Registry and how can I obtain additional information?**

The N.C. Medication Aide Registry contains the names of all health care personnel in North Carolina who have successfully completed a medication aide training program approved by the North Carolina Board of Nursing and have passed the state-approved Medication Aide Competency Exam administered through Pearson Vue. To work in a skilled nursing home as a medication aide, an individual must be listed on the N.C. Medication Aide Registry. Note: The N.C. Medication Aide Registry does not include listings for Medication Aides who work in Adult Care Homes. Further information can be obtained at [www.ncnar.org](http://www.ncnar.org).

**21. How can employers access the N.C. Nurse Aide I Registry, N.C. Medication Aide Registry, or the N.C. Health Care Personnel Registry for listing verification?**

Registry access is provided 24 hours/day at [www.ncnar.org](http://www.ncnar.org) and at 919-715-0562. Staff-assisted verifications are available at 919-855-3969, weekdays from 9 a.m. to 3 p.m.

To obtain listing verification, an individual's social security number is required. No other number can be used to obtain verification. TAX ID NUMBERS ARE NOT VALID FOR USE WITH THESE SYSTEMS.

Listing verification through any of these methods will include information from the N.C. Nurse Aide I Registry, N.C. Medication Aide Registry\*, and the N.C. Health Care Personnel Registry. Printed listing verifications are available only through the website.

Updates to the registries appear on the Voice Response and website after one business day.

**\*IMPORTANT:** The North Carolina Medication Aide Registry verification provided by these verification systems does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling (919) 733-7615.



**N.C. DHHS/Division of Health Service Regulation  
Health Care Personnel Registry Section  
Center for Aide Regulation and Education**  
2709 Mail Service Center  
Raleigh, NC 27699-2709  
**Staff:** 919-855-3969/9 a.m. -3 p.m., M-F  
**24 hour:** 919-715-0562  
**Fax:** 919-733-9764  
**HCPR website:** [www.ncnar.org](http://www.ncnar.org)

## **N.C. Medication Aide Frequently Asked Questions**

*for prospective and practicing N.C. Medication Aides  
and their employers*

### **1. What is the N.C. Medication Aide Registry?**

The N.C. Medication Aide Registry is a registry that lists all health care personnel in North Carolina who have successfully completed a medication aide training program approved by the N.C. Board of Nursing and who have passed the state medication aide competency exam administered by Pearson Vue.

### **2. Who must be listed on the N.C. Medication Aide Registry?**

Any individual who wishes to work as a medication aide in a North Carolina skilled nursing facility must first be listed on the N.C. Medication Aide Registry. **Note: Individuals who work as medication aides in skilled nursing facilities must also be listed on the N.C. Nurse Aide I Registry.**

### **3. How does an individual become listed?**

An individual becomes listed by successfully completing an N.C. Board of Nursing-approved medication aide training program and passing the state medication aide competency exam administered by Pearson Vue.

### **4. How and where would an individual enroll in a medication aide training program?**

Individuals should contact their local community college or employer for information regarding medication aide training programs.

### **5. How do I obtain information regarding scheduling my exam?**

Exam scheduling procedures are provided in the North Carolina Medication Aide Program Candidate Handbook. Candidate Handbooks and Applications can be downloaded from the Pearson Vue website at [www.pearsonvue.com](http://www.pearsonvue.com).

### **6. If an individual has passed an Adult Care Home Medication Aide exam, can he/she work in a skilled nursing facility as a medication aide?**

No. To work in a skilled nursing facility as a medication aide, an individual must successfully complete an N.C. Board of Nursing-approved medication aide training program, pass the state medication aide competency exam administered by Pearson Vue and be listed on the N.C. Nurse Aide I Registry.

### **7. If an individual is listed on the N.C. Medication Aide Registry, does that qualify him/her to work in an adult care home as a medication aide?**

No. Individuals who wish to work as a medication aide in an adult care home setting must complete an exam administered by the Division of Health Service Regulation,

Adult Care Licensure Section. For information about working as a medication aide in an adult care home, contact (919) 855-3793.

**8. How does a medication aide maintain his/her listing on the N.C. Medication Aide Registry?**

To maintain a current listing, a medication aide must be employed in a qualifying position\* during each 24 months after successfully completing competency evaluation. The employment must be reported to the N.C. Medication Aide Registry for the medication aide's listing to be renewed.

\*Qualifying positions for maintaining registry listing MUST include ALL FOUR (4) of the following:

- 1) Work for monetary compensation
- 2) Work as a medication aide
- 3) Work under the supervision of a registered nurse or qualified supervisory personnel
- 4) Total time worked equals 8 hours or more.

The registry will send a renewal application to medication aides whose listings are about to expire. The application form must be completed by the medication aide and by a registered nurse or qualified supervisor of the aide's most recent qualifying position. Once the registry receives verification of the qualified employment, the medication aide's listing will be extended an additional 24 months (calculated to the last day of the month) from the most recent documented employment date.

If the medication aide does not work within any 24 consecutive month period, the individual must complete a new medication aide training and competency evaluation program. **It is the medication aide's responsibility to ensure that his/her employment will meet the renewal criteria.**

**IMPORTANT:** Renewal applications are mailed to the name and address currently on file with the N.C. Medication Aide Registry. Changes should be reported to the registry immediately to prevent unnecessary renewal delays. **It is the medication aide's responsibility to renew by the expiration date, even if the renewal application is not received in advance.**

**9. What is the initial listing date for a Medication Aide?**

The initial listing date is the date the individual successfully completed the state competency evaluation administered by Pearson Vue.

**10. How is the expiration date determined for individuals listed on the N.C. Medication Aide Registry?**

- A. Initially, the expiration date is 24 months (calculated to the last day of the month) from the date the individual successfully passed the competency evaluation.
- B. After the initial listing, the expiration date is 24 months (calculated to the last day of the month) from the most recent documented employment date, in which the individual worked at least 8 hours as a medication aide for monetary compensation under the direct supervision of a registered nurse or qualified supervisory personnel (see # 8 above).

**11. How can employers obtain verification of a North Carolina Medication Aide, Nurse Aide I or Health Care Personnel Registry listing?**

Employers can verify N.C. Medication Aide, N.C. Nurse Aide I and N.C. Health Care Personnel Registry listings 24 hours a day via the registry's website ([www.ncnar.org](http://www.ncnar.org)) at the *Verify Listings* link or by calling the registry's automated telephone voice response system at (919) 715-0562. The verification systems use social security numbers to access Registry records and with each look-up will provide information on whether or not an individual is listed. Printed verifications are available when using the website. Staff-assisted verifications are available during registry hours by calling (919) 855-3969 Monday-Friday, 9 a.m. - 3 p.m. (Note: Daily entries or changes made on the registry will not be revealed through the website or voice response until approximately one business day after changes or entries are made.)

**IMPORTANT: The North Carolina Medication Aide Registry verification provided by this system does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling (919) 733-7615.**

**12. Is there a charge for listing, name, address and telephone changes, etc.?**

No, there is no charge.

**13. What is the procedure for reporting name, address or phone number changes to the N.C. Medication Aide Registry?**

Requests for address or phone number changes may be made in writing or by phone during registry office hours. Requests for name changes must be made to the registry in writing and **MUST** be accompanied by both a COPY of the marriage license or court document officially demonstrating the name change **AND** a COPY of the social security card with the new name on it. All documents provided to the registry in support of a name change must be official and legal documents. Any documents provided may be subject to verification with the issuing source. A change of address or name form may be obtained from the registry website ([www.ncnar.org](http://www.ncnar.org)) at the *Forms and Publications* link.

**14. Will I receive a listing card?**

No. However, applicants being listed on the registry for the first time will receive an "Official Notification of Listing" in the form of a letter. This document should be kept in a secure location. No duplicates will be issued.

**15. How may I contact the N.C. Medication Aide Registry?**

Registry staff may be reached by calling (919) 855-3969 Monday-Friday, 9 a.m. to 3 p.m., EST. Correspondence may be mailed to 2709 Mail Service Center, Raleigh, N.C. 27699-2709 or faxed to (919) 733-9764. Individuals are encouraged to visit the N.C. Medication Aide Registry online at [www.ncnar.org](http://www.ncnar.org) and review the site frequently for updates regarding medication aides.



**HEALTH CARE  
PERSONNEL REGISTRY  
AND INVESTIGATIONS**

## North Carolina Health Care Personnel Registry

The Health Care Personnel Registry contains the names of all unlicensed personnel working in health care facilities who have substantiated findings or pending investigations pertaining to abuse or neglect of a resident, misappropriation of resident or facility property, fraud against a resident or a facility, or diversion of drugs belonging to a resident or a facility. This registry also includes pending investigations and substantiated findings with the names of nurse aides listed on the Nurse Aide I Registry.

Employers or potential employers of health care personnel may obtain information contained in the Health Care Personnel Registry via Internet access at [www.ncnar.org](http://www.ncnar.org) and through a 24-hour telephone voice response system by calling 919-715-0562. Information available from the Health Care Personnel Registry includes the number of pending investigations and substantiated findings, and the types of allegations for each individual listed. Please have the individual's social security number available if you wish to make an inquiry.

Detailed information regarding a pending investigation allegation or a substantiated finding, evidence summary and rebuttal statement, if any, may be obtained only by speaking directly with a registry representative between the hours of 9 a.m. and 3 p.m., Monday through Friday. Please have the person's social security number available if you wish to make an inquiry.

Health care facilities that need information on how to report an allegation may call the Health Care Personnel Registry Investigations Branch at 919-855-3968 between the hours of 8 a.m. and 5 p.m., Monday through Friday or go to the website at [www.ncnar.org](http://www.ncnar.org) to obtain that information. To report an allegation, a written report must be filed with the Health Care Personnel Registry Section, Investigations Branch. The report may be mailed or faxed to the following address: North Carolina Division of Health Service Regulation, Health Care Personnel Registry Investigations, 2719 Mail Service Center, Raleigh, North Carolina 27699-2719, Fax number 919-733-3207. For questions regarding reporting or investigations, please call 919-855-3968 between the hours of 8 a.m. and 5 p.m., Monday through Friday.

Individuals who wish to make a complaint against a health care facility should call 1-800-624-3004.

Individuals needing information pertaining to or are concerned about an individual in need of protective services should contact their local county department of social services.

To obtain information pertaining to criminal background checks, health care facilities should contact the State Bureau of Investigations at 919-662-4500.

HEALTH CARE PERSONNEL REGISTRY  
INVESTIGATION PROCESS AND REPORTING REQUIREMENTS

- I. Allegations
  - A. Allegations requiring investigation
    - 1. Abuse of resident
    - 2. Neglect of a resident
    - 3. Diversion of drugs from a resident
    - 4. Diversion of drugs from a facility
    - 5. Fraud committed against a resident
    - 6. Fraud committed against a facility
    - 7. Misappropriation of property from a facility
    - 8. Misappropriation of property from a resident
    - 9. Injuries of unknown sources
    - 10. All facilities are required to report allegations (before the facility's investigation), including injuries of unknown source to the Investigations Branch, Health Care Personnel Registry (HCPR) of the Division of Health Service Regulation (DHSR).
  - B. Reporting allegations to other agencies
    - 1. Report to any other agency as required by law or rule.
    - 2. Follow Child Protective Service and Adult Protective Service statutes for reporting allegations to the local Department of Social Services (DSS).
    - 3. Report any allegations, which appear to be of a criminal nature, to the local police.
- II. Facility Investigation
  - A. Beginning steps
    - 1. Begin investigation immediately to collect the best evidence, including photographs of injuries with detailed descriptions of the injuries and signed statements from witnesses and other involved staff or residents.
    - 2. Fax/Mail the initial report of allegation within 24 hours to the Health Care Personnel Registry (DHSR/HCPR form # 4501 is a recommended 24 hour report form which may be obtained at [www.ncnar.org](http://www.ncnar.org). This form lists the required information. This form may be used but is not required.)
    - 3. Take whatever steps are necessary to protect residents and to prevent further acts of abuse, neglect, misappropriation of property, drug diversion, or fraud while the investigation is in progress.
  - B. Critical elements to be addressed in an investigation.
    - 1. Who
    - 2. What
    - 3. When
    - 4. Where

4. Why
5. How

- C. Documentation of allegation investigations by the facility
  1. Record all steps taken during the investigation.
  2. Collect statements from each witness, resident victim and accused personnel (signed if possible).
  3. Collect all pertinent information and documents related to the investigation.
  4. Write a conclusion that supports your substantiation or unsubstantiation of the allegation.
  5. Document:
    1. actions taken against the accused personnel
    2. investigations of the allegation conducted by any other agency, the name of the investigator, and the outcome of their investigation
    3. any other action(s).

### III. Reporting investigation results

- A. Time frame for reporting to the Health Care Personnel Registry

All facilities are required to report results of all investigations of allegations involving resident abuse, neglect, misappropriation of resident property or facility property, fraud against a resident or facility and/or diversion of resident or facility drugs *within 5 working days* of the allegation (regardless of substantiation or unsubstantiation of allegation).
- B. The report to HCPR must include all information relevant to the investigation.
- C. Fax/Mail a detailed investigation report, including investigative documents collected, within 5 working days of becoming aware of the alleged incident to the Health Care Personnel Registry. (DHSR/HCPR form # 4500 is a recommended 5 working day report form which may be obtained at [www.ncnar.org](http://www.ncnar.org). This form lists the required information. This form may be used but is not required.)
- D. Selection of method to submit report to the Health Care Personnel Registry
  1. Report must be made in writing by printing or typing the report (telephone calls will not be accepted as a report).
    - (a) Mail to Health Care Personnel Registry Investigations, Division of Health Service Regulation, 2719 Mail Service Center, Raleigh, N.C. 27699-2719.
    - (b) Faxing the report is an acceptable alternative to mailing if the fax is less than 10 pages and is legible (fax # 919-733-3207).

- IV. The reporting facility/provider and the accused individual will be notified of any subsequent actions taken by the Health Care Personnel Registry relative to the reported allegation.

## **SAMPLE QUESTIONS AND INFORMATION FOR USE DURING INVESTIGATIONS**

(Use for guidance purposes only. List is not all inclusive. Modify and create new questions according to type of allegation and investigation needs.)

### **WHO**

Who was the victim?  
Who reported the allegation?  
Who discovered allegation?  
Who saw or heard anything of importance?  
allegation?  
Who committed the allegation?  
Who helped him/her?  
Who was talked to?  
Who worked on the case?  
Who searched for, identified,  
and gathered the evidence?  
Who investigated?

### **WHEN**

When was the allegation committed?  
On what shift?  
When were statements obtained?  
When was it discovered?  
When was any arrest made/subpoena or  
warrant issued?  
When did the witness(es) hear/see anything unusual?  
When did investigation activities occur?  
When was DSS notified?  
When were other agencies notified?  
When were statements obtained?

### **HOW**

How was the allegation committed?  
How was the allegation discovered?  
How much property or money was taken?  
How much did the victim claim was taken?

### **WHAT**

What was the allegation committed?  
What are the elements of the allegation?  
What actions did the accused person  
perform before and after the  
  
What actually happened?  
What do the witnesses know about it?  
What evidence was obtained?  
What was done with the evidence?  
What action did the investigators take?  
What was the method of interviewing?  
(phone/face to face)  
What time was it reported?  
What did the victim say happened?

### **WHERE**

Where was the allegation committed?  
Where was the allegation discovered?  
Where was the victim found?  
Where was the accused person seen  
during the allegation?  
Where were the witnesses during the  
allegation?  
Where is the accused person now  
working?

### **WHY**

Why was the allegation committed?  
Why was the allegation reported?  
Why were the witnesses reluctant to  
give information?  
Why did the accused pick the particular  
time to commit the allegation?  
Why did the accused pick the particular  
place to commit the allegation?  
Why did the accused pick the particular  
day to commit the allegation?

### **ADDITIONAL IMPORTANT INFORMATION**

- 1. A sketch (to scale) of area where allegation occurred.**
- 2. A copy of facility lay-out highlighting #1.**
- 3. Photographs of resident's injury.**
- 4. Keep any evidence collected secure.**
- 5. Is statement signed and dated by the witness?**

**GUIDELINE FOR LISTING FINDINGS ON THE NURSE AIDE REGISTRY  
AND  
THE HEALTH CARE PERSONNEL REGISTRY**

**I. ALLEGATIONS INVOLVING NURSING HOME RESIDENTS**

*FEDERAL REQUIREMENT [42 U.S.C. § 1395i-3(e) and 42 U.S.C. § 1396(r)]*

RESIDENT ABUSE- finding on Nurse Aide Registry and Health Care Personnel Registry

RESIDENT NEGLECT- finding on Nurse Aide Registry and Health Care Personnel Registry

MISAPPROPRIATION OF RESIDENT PROPERTY- finding on the Nurse Aide Registry and Health Care Personnel Registry

**NOTE:** Nursing pools and facilities other than nursing homes may have nurse aides working with residents at the nursing home (SNF/ICF) level of care. If abuse, neglect or misappropriation of property occurs involving one of these residents, the finding is listed on both the Nurse Aide Registry and the Health Care Personnel Registry.

**II. ALLEGATIONS OCCURRING IN ANY TYPE OF FACILITY  
(includes nursing homes and other facilities)**

*STATE REQUIREMENTS [NC § 131E-256]*

RESIDENT ABUSE- finding on the Health Care Personnel Registry

RESIDENT NEGLECT- finding on the Health Care Personnel Registry

MISAPPROPRIATION OF RESIDENT PROPERTY- finding on the Health Care Personnel Registry

MISAPPROPRIATION OF FACILITY PROPERTY- finding on the Health Care Personnel Registry only

DIVERSION OF RESIDENT DRUGS- finding on the Health Care Personnel Registry only

DIVERSION OF FACILITY DRUGS- finding on the Health Care Personnel Registry only

FRAUD COMMITTED AGAINST A RESIDENT- finding on the Health Care Personnel Registry only

FRAUD COMMITTED AGAINST A FACILITY- finding on the Health Care Personnel Registry only



# Reporting Forms

**24-HOUR INITIAL REPORT  
NOTIFICATION OF FACILITY ALLEGATION TO HCPR**

- FOR ALL FACILITIES EXCEPT NURSING HOMES, IF THIS PERSON HAS AN OCCUPATIONAL LICENSE, STOP HERE. REPORT TO THE APPROPRIATE BOARD. DO NOT SEND REPORT TO HCPR.**

**FACILITY INFORMATION**

Facility Name: \_\_\_\_\_

Facility Type: \_\_\_\_\_ Main Office Phone #: ( ) \_\_\_\_\_ Main Office Fax #: ( ) \_\_\_\_\_

Facility/Agency License #: \_\_\_\_\_ Provider # (If Certified): \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Administrator: \_\_\_\_\_ Title: \_\_\_\_\_

**MAIN OFFICE**

Mailing Address Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Actual Incident Location Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RESIDENT'S TYPE OF CARE AND SETTING:** \_\_\_\_\_

(Written description, examples - Adult Care, Home Care, NF/SNF, Hospice, Hospital/Acute Care, Day Program, CAP, CBS, Substance Abuse Program, Respite etc.)

**ACCUSED PERSONNEL INFORMATION:**

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Last Known Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Other Information: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Other Number (Cellular, Pager, Work, etc.): \_\_\_\_\_

**ALLEGATION TYPE:** (Check all that Apply) **DATE OF INCIDENT:** \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1. RESIDENT ABUSE              | <input type="checkbox"/> 4. DIVERSION OF FACILITY DRUGS | <input type="checkbox"/> 7. MISAPPROPRIATION OF FACILITY PROPERTY |
| <input type="checkbox"/> 2. RESIDENT NEGLECT            | <input type="checkbox"/> 5. FRAUD AGAINST RESIDENT      | <input type="checkbox"/> 8. MISAPPROPRIATION OF RESIDENT PROPERTY |
| <input type="checkbox"/> 3. DIVERSION OF RESIDENT DRUGS | <input type="checkbox"/> 6. FRAUD AGAINST FACILITY      | <input type="checkbox"/> 9. INJURY OF UNKNOWN SOURCE              |

**RESIDENT NAME:** \_\_\_\_\_ Date of Birth \_\_\_\_\_

**ALLEGATION DESCRIPTION:** \_\_\_\_\_

**INJURY/MENTAL ANGUISH DESCRIPTION:** \_\_\_\_\_

**→ INVESTIGATION REPORT MUST FOLLOW WITHIN 5 WORKING DAYS ←**

NC §131E-256.(g) The results of all investigations must be reported to the department [HCPR] within five working days of the initial notification to the department.

*Failure to comply may result in referral to the Complaints Investigation Unit.*

\_\_\_\_\_  
(Printed Name and Title of Person Preparing Report) (Signature of Person Preparing Report) (Date)

**5-WORKING DAY REPORT**  
**RESULT OF FACILITY ALLEGATION INVESTIGATION TO HCPR**

**131E-256(g) The results of all investigations must be reported to the department [HCPR] within five working days of the initial notification to the department.**

**FOR ALL FACILITIES EXCEPT NURSING HOMES, IF THIS PERSON HAS AN OCCUPATIONAL LICENSE, STOP HERE, REPORT INCIDENT TO THE APPROPRIATE BOARD. DO NOT SEND REPORT TO HCPR.**

**FACILITY INFORMATION**

Facility Name: \_\_\_\_\_

Facility Type: \_\_\_\_\_ Main Office Phone #: ( ) \_\_\_\_\_ Main Office Fax #: ( ) \_\_\_\_\_

Facility/Agency License #: \_\_\_\_\_ Provider # (If Certified): \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Administrator: \_\_\_\_\_ Title: \_\_\_\_\_

MAIN OFFICE Mailing Address Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Actual Incident Location (if different) Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RESIDENT'S TYPE OF CARE AND SETTING**

(Written description, examples - Adult Care, Home Care, NF/SNF, Hospice, Hospital/Acute Care, Day Program, CAP, CBS, Substance Abuse Program, Respite etc.)

**ACCUSED PERSONNEL INFORMATION (Required information)**

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Last Known Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Other Pertinent Information: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Other Number (Cellular, Pager, Work, etc.): ( ) \_\_\_\_\_

**ALLEGATION TYPE**

(Check all that Apply)

**DATE OF INCIDENT:** \_\_\_\_\_

- 1. RESIDENT ABUSE
- 2. RESIDENT NEGLECT
- 3. DIVERSION OF RESIDENT DRUGS (Estimated Value: \_\_\_\_\_)
- 4. DIVERSION OF FACILITY DRUGS (Estimated Value: \_\_\_\_\_)
- 5. FRAUD AGAINST RESIDENT
- 6. FRAUD AGAINST FACILITY
- 7. MISAPPROPRIATION OF FACILITY PROPERTY (Estimated Value: \_\_\_\_\_)
- 8. MISAPPROPRIATION OF RESIDENT PROPERTY (Estimated Value: \_\_\_\_\_)
- 9. \* INJURY OF UNKNOWN SOURCE \*  
*Explain under "Additional Information"*

**RESIDENT INFORMATION**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Resident's Address (If different from facility): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Interviewable?:  No  Yes Diagnoses: \_\_\_\_\_

Memory & Orientation of Resident: \_\_\_\_\_

**Incident resulting in physical injury/harm?**  No  Yes  
If Yes, describe physical injury/harm of resident: \_\_\_\_\_

**Incident resulting in mental anguish lasting 5 days or more?**  No  Yes  
If Yes, describe emotional response & behaviors of resident: \_\_\_\_\_

**SPECIFIC ALLEGATION**

Date and time of occurrence: \_\_\_\_\_ Exact Location of incident: \_\_\_\_\_

Description of incident: \_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN BY FACILITY:** (Please fill in all blanks that apply)

Date facility investigation completed: \_\_\_\_\_ Person who conducted facility investigation: \_\_\_\_\_

Allegation Substantiated by Facility? :  No  Yes Was accused's employment terminated?  No  Yes  
If terminated, was termination related to this incident?  No  Yes  
If employment terminated, date of termination: \_\_\_\_\_ Other actions: \_\_\_\_\_

**Department of Social Services information** Was incident reported to local Dept. of Social Services?  No  Yes

If yes, date reported: \_\_\_\_\_ County DSS reported to: \_\_\_\_\_ On site visit by DSS?  No  Yes  
Reported to:  Adult Protective Services  Child Protective Services  Adult Home Specialist  
Name of DSS Investigator: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date of visit: \_\_\_\_\_

**Police Information** Was incident reported to the police?  No  Yes If yes, date reported to police: \_\_\_\_\_

Name of Police Dept. or Sheriff Dept. \_\_\_\_\_ Date police investigated: \_\_\_\_\_  
Name of Investigator: \_\_\_\_\_ Title: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Were charges filed against accused related to this incident?  No  Yes  
If yes, specific charges: \_\_\_\_\_

**WITNESS(es)**

No  
 Yes

Number of Witnesses \_\_\_\_\_

(Include resident witness(es). Indicate witness' relationship to the resident/victim and the accused.)

Full Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Last Known Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Other Number (Cellular, Pager, Work, etc.): ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Last Known Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Other Number (Cellular, Pager, Work, etc.): ( ) \_\_\_\_\_

**(ADDITIONAL WITNESSES MAY BE LISTED ON AN ATTACHED SHEET)**

**\*PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR REPORT\***

- Complete details of facility investigation
- Documentation of injury/harm to victim
- Other Supporting/Pertinent Documents: (Specify) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Printed Name and Title of Person Preparing Report)

\_\_\_\_\_  
(Signature of Person Preparing Report)

\_\_\_\_\_  
Date