



ALM Training Vendor – Reviewer Checklist

COMAR .17 Eighty Hour Course	Curriculum Must Cover these Related Sections of COMAR	Final/Approved
<p>COMAR .17A(1) Philosophy of AL, 2 hours a) Philosophy and background of assisted living and aging in place; (b) Objectives and principles of assisted living resident programs; (c) Comparison of assisted living to other residential programs; (d) Basic concepts of choice, independence, privacy, individuality, and dignity; and (e) Normalization of the environment;</p>	<p>.37 Abuse, Neglect, & Financial Exploitation .04 License Required .06 Restrictions.</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/> No</p>
<p>COMAR .17A(2) Aging process/ impact, 4 hours (a) Physical characteristics of the assisted living residents; (b) Psychosocial characteristics of the assisted living residents; (c) Basic needs of elderly, disabled; and (d) ADLs</p>		<p><input type="checkbox"/>Yes <input type="checkbox"/> No</p>
<p>COMAR.17A(3) Assmt /LOC waiver 6 hours (a) Purpose and process; (b) Guidelines for conducting assessments; (c) Collaboration with case manager and delegating nurse;</p>	<p>.24 Resident-specific Level of Care Waiver .05 Levels of Care .09 Licensure Standards Waiver</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/> No</p>
<p>COMAR 10.07.14.17A(4) Service plng, 6 hours Required services; B) Enhanced scope of services; (c) Development of individualized service plans; (d) Scheduling & structure of appropriate activities; (f) Care notes; and (g) Collaboration with case manager and DN.</p>	<p>.28 Service Plan .29 Resident Record .30 Services</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/> No</p>
<p>COMAR 10.07.14.17A(5) Clinical mgmt. 20 hrs a) Role of the delegating nurse & appropriate nurse delegation; (c) Concept of self-administration of medications; (d) Concept of medication management; (e) Assistance with self-administration of medications; (f) Administration of medications; (g) Coordination of services and care providers; (h) Collaboration with case manager and delegating nurse; i) Preventing medication errors, monitoring, storage; (j) Patient safety; (l) pharmacy consultation; (n) Infection control; (o) Appropriate staffing patterns; (p) Pressure sores; (q) Effective pain management; (r) Basic first aid & CPR; (t) Substance abuse; and (u-v) Trauma-informed care;</p>	<p>.21 Delegating Nurse .31 Medication Management .14 Staffing Plan .33 Incident Reports New infection prevention language added New basic life support language added</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/> No</p>
<p>COMAR 10.07.14.17A(6) Admit & DC; 4 hours a) Overview of criteria for admission and discharge; (b) Resident contracts; (c) Resident rights; (d) Financial management of resident's funds; and (e) Working with families of residents;</p>	<p>.34 Relocation & Discharge .22 & .23 Preadmission; Admission .26 Resident Agreement .36 Resident Rights .35 Resident Representative .27 Res Agreement Fin Content .40 Misuse of Resident's Funds</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/> No</p>
<p>COMAR 10.07.14.17A(7) Nutrition Food safety, 8 (a) Menu and meal planning; b) Basic nutritional needs; (c) Safe food handling; d) Preventing food-borne illnesses; e) Therapeutic diets; and</p>	<p>.30 Services</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/> No</p>



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Dehydration; COMAR 10.07.14.17A(8) Dementia, mental health, and behavior management, 12 hours i) Description of normal aging and conditions causing cognitive impairment & mental illness; ii) Risk factors; health conditions that impact; viii) Early identification and interventions; (ix) Procedures for reporting cognitive, behavioral, and mood changes; (b) effective communication; (iv) Environmental stimuli; (c) Behavioral interventions; (ii) Problem solving; iv) De-escalation techniques...	.32 Alzheimer's Special Care Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMAR 10.07.14.17A(9) End of life care, 4 hrs (a) Advance directives; (b) Hospice care; (c) Power of attorney; (d) Appointment of a health care agent; e) Living will; (f) Pain management; g) Providing comfort and dignity; and (h) Supporting the family;	.38 Restraints .41 Approval of Burial Arrangements New MOLST language added	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMAR 10.07.14.17A(10) Mgmt & Ops, 4 hours a) Role of the assisted living manager; b) Overview of accounting, accounts payable, and accounts receivable; c) The revenue cycle and budgeting; d) The basics of financial statements; (e) Hiring and training of staff; f) Developing personnel policies and procedures; g) Census development; h) Marketing;	.04 License Required .06 Restrictions .07 Licensing Procedures .08 Operating license .33 Incident Reports .61 Criminal Penalties 15 Assisted Living Manager .13 Administration .08 Changes Affect Operating License .64 Revocation of License .19 Other Staff Qualifications .14 Staffing Plan .20 Personnel Records	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMAR 10.07.14.17A(11) Emergency planning, 4 hours Fire, disaster, and emergency preparedness; b) OSHA; (c) Maintaining the building, grounds, and equipment; (d) Elopements; (e) Transfers to the hospital; (f) Evacuations; g) Power outages; (h) Severe weather; (i) Fire; j) Emergency response systems; and (k) Security systems	.47 Emergency Preparedness .42 General Physical Plant	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMAR 10.07.14.17A(12) Quality assurance, 4 hrs (a) Incident report processes; and (b) Quality improvement processes; and	.13 Administration .11 Incident Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMAR 10.07.14.17A(13) Survey process, 2 hours (a) State statutes and regulations; b) What to expect during a survey; and (c) Documentation.	.11 Investigation by Department .14 Staffing Plan .12 Compliance Monitoring .57 Sanctions	<input type="checkbox"/> Yes <input type="checkbox"/> No

OHCQ Reviewer _____ Date _____

Notes: