



## South Dakota Board of Nursing Facility Administrators

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### NOTICE OF MEETING

The South Dakota Board of Nursing Facility Administrators will hold a regular meeting on Tuesday, September 6, 2016, beginning at 1:30pm Central. This meeting will be held at the South Dakota Housing Development Authority Board Room (3060 E. Elizabeth Street, Pierre SD). The public is welcome.

- 1) Call to Order
- 2) Open Forum – *5 minutes for the public to address the Board.*
- 3) Approval of Minutes – *April 19, 2016*
- 4) Financial Report
- 5) License Applications
- 6) New Business
  - a. Office Update
  - b. Department of Health Update
  - c. Annual Evaluation of Services
  - d. Continuing Education Guidelines
  - e. 2016 Renewal Process/Continuing Education Audit
  - f. 2017 Fall Board Meeting
- 7) Announcements: Next Meeting
- 8) Adjourn

**South Dakota Nursing Facility Administrators**  
**Regular Meeting Agenda**  
**Tuesday – September 6, 2016**  
**1:30 – 3:30pm Central**

**South Dakota Housing Development Authority Board Room**  
**3060 E. Elizabeth Street, Pierre SD**

- 1) Call to Order
- 2) Open Forum – *5 minutes for the public to address the Board.*
- 3) Approval of Minutes – *April 19, 2016*
- 4) Financial Report
- 5) License Applications – *Please see enclosed excel list.*
- 6) New Business
  - a. Office Update
  - b. Department of Health Update – *Chris Qualm*
  - c. Annual Evaluation of Services – *The Board will need to appoint a member to conduct the annual evaluation of services.*
  - d. Continuing Education Guidelines – *The Board will discuss continuing education hours, including college/academic credit hours.*
  - e. 2016 Renewal Process/Continuing Education Audit – *Enclosed please find a draft renewal application.*
  - f. 2017 Fall Board Meeting
- 7) Announcements: Next Meeting – *Tuesday April 4, 2017 1-3pm Central*
- 8) Adjourn



South Dakota Board of Nursing Facility Administrators  
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South Dakota Board of Nursing Facility Administrators  
Board Meeting  
April 19, 2016

President Diekman called the meeting to order at 1:00 pm Central.

Present: Board Members - Loren Diekman, Tom Richter, Bob Stahl, and Jim Iverson; Board Staff - Brittany Novotny and Lisa Harsma; Legal Counsel - Jim Carlon and Grant Flynn; Guests - Haley Hunhoff Samuelson, Dean Mertz, Justin Williams, Beth Dokken, and Donna Fischer.

Diekman called for public testimony during the open forum. There was no public testimony.

Motion to approve the minutes of September 21, 2015 by Richter. Second by Stahl. Motion carried.

Motion to approve the financial report by Stahl. Second by Richter. Motion carried.

Motion to approve Nursing Facility Administrator licenses for Billijeane Moerman, Nicholas Brandner, Tracey Hughes, Christopher Hansen, Timothy Peek, Robert Sheckler, Bradley Cheek, Gail Blocker, Paul Hubbeling, Matthew Trammel, Chad Ketcham, Ryan Brinkerhoff and Emergency Permits for Wade Rhodes, Penny Sproul, Rick Freeman, Tiffany Schlomer, Karen Fleming, Brian Casey, Michael Coyle, Candace Dvorak, Dawn Rithmiller, Joseph Mason, Lisa Loring, Hunter Winklepleck, Bruce Bowersox, Peter Stygar, Kayla Evans, Jeanne Magnuson, Melody Johnson, Rita Kling, Mina Iskandr, Jessie Jorgenson, Christina Malvern, Teena Dailey, and Nicholas Brandner by Richter. Second by Iverson. Motion carried.

Haley Hunhoff Samuelson and Dean Mertz presented an overview of the Good Samaritan Society Administrative Internship Program. Motion to approve the Good Samaritan Society Administrative Internship Program (2013 manual) and the National Association of Long Term Care Administrator Boards (NAB) Five Step Administrator In Training (AIT) Program (2012 manual) as Administrator In Training Programs per ARSD 20:49:01:01(3) by Richter. Second by Iverson. Motion carried.

Motion to grant the petition by Wade Rhodes to retake the NAB Nursing Home Administrator Examination one time, with the condition that this examination be completed by April 20, 2017 by Richter. Second by Iverson. Motion carried.

Justin Williams, Beth Dokken and Donna Fischer from the South Dakota Department of Social Services discussed current trends in the division of adult services and aging.

Novotny provided the board with an overview of SB 54, an Act to adopt the Elder Abuse Task Force's statutory recommendations.

The board discussed regulation regarding preceptors. The board asked Novotny to gather additional information on regulations pertaining to preceptors in surrounding states.

Motion to approve the Continuing Education Guidelines by Richter. Second by Stahl. Motion carried.

Motion to nominate and confirm appointment of Loren Diekman as President, Bob Stahl as Vice President and Mark Burkett as Secretary-Treasurer by Richter. Second by Iverson. Motion carried.

Motion to appoint Loren Diekman as the board member that will review and approve continuing education requests by Richter. Second by Stahl. Motion carried.

Motion to appoint Bob Stahl as the board member that will review and approve license applications, preceptor applications and emergency permit applications by Richter. Second by Iverson. Motion carried.

Motion to approve the publicly available database information by Iverson. Second by Stahl. Motion carried.

Motion to approve travel for one representative to attend the National Association of Long Term Care Administrator Boards (NAB) meeting in June 2016 and November 2016 by Richter. Second by Stahl. Motion carried.

The board scheduled a meeting for April 4, 2017.

Motion to move into Executive Session pursuant to SDCL 1-25-2(3) and (4) by Stahl. Second by Iverson. Motion carried. The Board went into Executive Session at 2:58 pm.

Motion to move out of Executive Session by Stahl. Second by Iverson. Motion carried. The Board came out of Executive Session at 4:01 pm.

Motion to approve the Nursing Facility Administrator license for Peter Stygar by Iverson. Second by Richter. Motion carried.

Motion to dismiss complaint 1.1516 by Stahl. Second by Iverson. Motion carried.

Motion to approve the FY 17 contracts as presented by Richter. Second by Stahl. Motion carried.

The Board commended Midwest Solutions, Inc. and staff for the great work they do for the Board. The Board requested that this be reflected in the minutes

Motion to adjourn the meeting at 4:05 pm by Richter. Second by Stahl. Motion carried.

Respectfully Submitted,

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Mark Burkett  
Secretary

## Remaining Authority by Object/Subobject

Expenditures current through 07/30/2016 10:50:21 AM

HEALTH -- Summary

FY 2017 Version -- AS -- Budgeted and Informational

FY Remaining: 92.1%

09207 Subobject	Board of Nursing Home Admin - Info	Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
<b>EMPLOYEE SALARIES</b>							
5101030	Board & Comm Mbrs Fees	2,176	0	0	0	2,176	100.0
<b>Subtotal</b>		<b>2,176</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,176</b>	<b>100.0</b>
<b>EMPLOYEE BENEFITS</b>							
5102010	Oasi-employer's Share	180	0	0	0	180	100.0
<b>Subtotal</b>		<b>180</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>180</b>	<b>100.0</b>
<b>51 Personal Services</b>							
<b>Subtotal</b>		<b>2,356</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,356</b>	<b>100.0</b>
<b>TRAVEL</b>							
5203030	Auto-priv (in-st.) H/rte	1,000	0	0	0	1,000	100.0
5203100	Lodging/in-state	360	0	0	0	360	100.0
5203120	Incidentals-travel-in St.	88	0	0	0	88	100.0
5203130	Non-employ. Travel-in St.	500	0	0	0	500	100.0
5203140	Meals/taxable/in-state	50	0	0	0	50	100.0
5203150	Non-taxable Meals/in-st	50	0	0	0	50	100.0
5203260	Air-comm-out-of-state	185	0	0	0	185	100.0
5203280	Other-public-out-of-state	50	0	0	0	50	100.0
5203300	Lodging/out-state	200	0	0	0	200	100.0
5203320	Incidentals-out-of-state	50	0	0	0	50	100.0
5203350	Non-taxable Meals/out-st	100	0	0	0	100	100.0
<b>Subtotal</b>		<b>2,633</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,633</b>	<b>100.0</b>
<b>CONTRACTUAL SERVICES</b>							
5204020	Dues & Membership Fees	1,500	0	0	0	1,500	100.0
5204080	Legal Consultant	4,000	0	0	0	4,000	100.0
5204090	Management Consultant	39,254	2,829	38,291	0	-1,866	0.0
5204160	Workshop Registration Fee	50	0	0	0	50	100.0
5204181	Computer Services-state	2,000	0	0	0	2,000	100.0
5204200	Central Services	749	206	0	0	543	72.5
5204204	Central Services	300	70	0	0	230	76.7
5204207	Central Services	600	25	0	0	575	95.8
5204360	Advertising-newspaper	100	0	0	0	100	100.0
5204510	Rents-other	300	0	0	0	300	100.0
5204530	Telecommunications Srvc	1,500	0	0	0	1,500	100.0
5204590	Ins Premiums & Surety Bds	2,300	0	0	0	2,300	100.0

# Remaining Authority by Object/Subobject

Expenditures current through 07/30/2016 10:50:21 AM

HEALTH -- Summary

FY 2017 Version -- AS -- Budgeted and Informational

FY Remaining: 92.1%

<b>Subtotal</b>	<b>52,653</b>	<b>3,130</b>	<b>38,291</b>	<b>0</b>	<b>11,232</b>	<b>21.3</b>
<b>SUPPLIES &amp; MATERIALS</b>						
5205020 Office Supplies	0	4	0	0	-4	0.0
5205310 Printing-state	500	0	0	0	500	100.0
5205320 Printing-commercial	500	0	0	0	500	100.0
5205350 Postage	800	6	0	0	794	99.3
5205390 Food Stuffs	50	0	0	0	50	100.0
<b>Subtotal</b>	<b>1,850</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>1,840</b>	<b>99.5</b>
<b>52 Operating Subtotal</b>	<b>57,136</b>	<b>3,140</b>	<b>38,291</b>	<b>0</b>	<b>15,705</b>	<b>27.5</b>
<b>Total</b>	<b>59,492</b>	<b>3,140</b>	<b>38,291</b>	<b>0</b>	<b>18,061</b>	<b>30.4</b>

BA1409R1

STATE OF SOUTH DAKOTA  
CASH CENTER BALANCES  
AS OF: 07/31/2016

PAGE 108

AGENCY: 09 HEALTH  
BUDGET UNIT: 09207 BOARD OF NURSING HOME ADMIN

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092000061816	1140000	36,515.04	DR	BOARD OF NURSING FACILITY ADMINISTRATORS
COMPANY/SOURCE TOTAL 6503 618			36,515.04	DR *	
COMP/BUDG UNIT TOTAL 6503 09207			36,515.04	DR **	
BUDGET UNIT TOTAL 09207			36,515.04	DR ***	



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### 2017-2018 Nursing Facility Administrator License Renewal Form

Please submit a license renewal fee of **\$300.00** with this form, complete the **Continuing Education Verification** on the reverse side and sign the form. Unsigned or incomplete forms will be returned. This form must be postmarked by **December 31, 2016**.

License No. PP      Name: PP First, Middle, Last

Email: PP email

Home Address: PP Address City, State Zip

Home Phone: PP home phone

Facility Name: PP facility name

Facility Address: PP Work address City, State, Zip

Facility Phone: PP Work phone

*Please update any contact information that has changed by completing the pertinent section below.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Email: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Home City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Facility Address: \_\_\_\_\_

Facility City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

I practice as a Nursing Facility Administrator:  Full-Time  Part-Time  
 Retired/Not Working  Temporary  Working in Other Field

I am currently a Certified Preceptor.  Yes  No

I want to renew my Certified Preceptor status for 2017-2018.  Yes  No  N/A

Are you currently more than \$1,000 behind in child support payments? \_\_\_ Yes \_\_\_ No

*If yes, please attach documentation from the Department of Social Services (DSS) of your arrangements with the DSS for payment of any accumulated arrearages.*

Have you been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence with respect to a felony, misdemeanor, or petty offense other than minor traffic violations since your last renewal? \_\_\_ Yes \_\_\_ No

*If yes, provide a signed and dated explanation. You must also submit copies of charges or citations and all communications (to and from) the citing agency and the court of jurisdiction, including evidence of completion/compliance with court requirements.*

### **2015-2016 Continuing Education Verification**

Pursuant to ARSD 20:49:08:03, each licensee must submit forty hours of board approved continuing education pertaining to health care, healthcare administration, or business administration biennially. You may be subject to a continuing education audit to verify courses taken. **Please check one of the following to verify the continuing education hours completed:**

- I have completed at least forty hours of board approved continuing education pertaining to health care, healthcare administration, or business administration since January 1, 2015; **OR**
- I was issued my original license after January 1, 2015 and have therefore completed at least the following board approved continuing education hours pertaining to health care, healthcare administration, or business administration since my license was issued.
- Original License Date: January 1 - June 30, 2015 = 30 Continuing Education Hours
  - Original License Date: July 1 - December 31, 2015 = 20 Continuing Education Hours
  - Original License Date: January 1 - June 30, 2016 = 10 Continuing Education Hours
  - Original License Date: July 1 - December 31, 2016 = 0 Continuing Education Hours

*I hereby certify under penalty of law that I am the licensee named herein, that I have reviewed the information contained herein, and that this information is true and complete. I understand that any false or incorrect information, omissions, inaccuracies or failures to make full disclosure may affect the status of my license.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

For office use only: Date Received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_