

### SCHOOL: NURSE ASSISTANT TRAINING PROGRAM NOTICE

ATTN: \_\_\_\_\_

County: Kern

Address:

Cerro Coso Comm. College  
Attn: Administrator  
3000 College Heights Blvd  
Ridgecrest, CA 93555

TPRU Survey Date: \_\_\_\_\_

Approved RN Program Director: Yvette Matthiensen, RN PD

#### COMMENTS

Telephone Number: 760-384-6319

#### YOUR PROGRAM

- HAS BEEN APPROVED
  - HAS BEEN RENEWED
  - HAS BEEN DISAPPROVED
- April 30, 2019  
Program Expiration Date

S- 1092  Day  P.M.  Weekend  
Provider Identification Number

- The written plan of the program is incomplete regarding:**
  - Nurse Assistant Certification Training Program (NATP) Application (CDPH 276S)
  - Nurse Assistant Training Program Skills Checklist (CDPH 276A)
  - Daily Nurse Assistant Training Program Schedule (CDPH 276B)
  - Nurse Assistant Training Program Individual Student Record (CDPH 276C)
  - Disclosure Ownership and Control Interest Statement (CDPH 276D)
  - Clinical Site Agreement (CDPH 276E)

- Instructor(s):**
  - Director of Staff Development (DSD) / Instructor Application (CDPH 279)
  - Resume(s)
  - Copy of current nursing license
  - Copy of previously approved CDPH 279
  - Twenty-four (24) hours BRN-approved Continuing Education
  - Hire confirmation letter from Administrator with a copy of statewide DSD certificate

Approved-  
The Department is in receipt of your NATP and it is approved. NATP is renewed until 04/31/19.

Additionally, 2nd request: Please send the Department appropriate Clinical Site Agreement(s) -CDPH 276E.  
Current forms (276E) can be accessed from the website listed below.

Approved Instructors:  
Yvette Matthiensen, RN PD  
Sharon Aleo, RN  
Donna Blanco, RN  
Joy Donoho, RN  
Cheryl Pullen, RN

Approved Clinical Site(s) expire: 04/30/19  
Bishop Care Ctr (F-1761)

Theory Training Location: 4090 West Line Street Bishop, CA 93514

If there are changes to your program, for example, new or termed instructor, change of facility name, etc... please update CDPH in writing.

Please note that forms & info can be accessed from CDPH Website:  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/TPRU.aspx>

If you have questions please contact me.

Thank you

Yvette Matthiensen, RN PD  
Name of Approved RN Program Director

Suzanne Snyder  
Suzanne Snyder, Program Analyst  
July 21, 2017  
ph. 916-552-8849

\*Please include a copy of this notice when responding to requests made by the Department.  
\*This form is for the exclusive use of TPRU.

### SCHOOL: NURSE ASSISTANT TRAINING PROGRAM NOTICE

ATTN: \_\_\_\_\_

County: Kern

Address:

TPRU Survey Date: \_\_\_\_\_

Approved RN Program Director: Yvette Matthiessen, RN PD

Cerro Coso Comm. College  
Attn: Administrator  
3000 College Heights Blvd  
Ridgecrest, CA 93555

Telephone Number: 760-384-6319

#### COMMENTS

#### YOUR PROGRAM

- HAS BEEN APPROVED
- HAS BEEN RENEWED
- HAS BEEN DISAPPROVED

April 30, 2019

Program Expiration Date

S\_0668  Day  P.M.  Weekend  
Provider Identification Number

- The written plan of the program is incomplete regarding:**
  - Nurse Assistant Certification Training Program (NATP) Application (CDPH 276S)
  - Nurse Assistant Training Program Skills Checklist (CDPH 276A)
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Donna Blanco, RN  
Joy Donoho, RN  
Cheryl Pullen, RN

Approved Clinical Site(s) expire: 04/30/2019  
Ridgecrest Regional Hosp DP/SNF (F1801)  
Kern Valley Healthcare District DP/SNF (F-1415)  
Bishop Care Ctr (F-1761)

Theory Training Location: 3000 College Heights Blvd  
Ridgecrest, CA 93555

If there are changes to your program, for example, new or termed instructor, change of facility name, etc... please update CDPH in writing.

Please note that forms & info can be accessed from CDPH Website:  
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If you have questions please contact me.

Thank you

Yvette Matthiessen, RN PD  
Name of Approved RN Program Director

*Suzanne Snyder*  
Suzanne Snyder, Program Analyst  
Oct 17, 2017  
ph. 916-552-8849

\*Please include a copy of this notice when responding to requests made by the Department.  
\*This form is for the exclusive use of TPRU.

### SCHOOL NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

TYPE OR PRINT LEGIBLY. SEE REVERSE FOR INSTRUCTIONS.

School Name and Address:

Provider Identification Training Number:

For CDPH Use Only				
9	0	6	6	8

Cerro Coso Community College - S-0668  
3000 College Heights Blvd.  
Ridgecrest, California, 93555

Phone: 760-384-6331

County: Kern

School Training Site Address (if different): N/A same as above

Registered Nurse responsible for program and CDPH 283 B signage (certifying completion of 150 Hour Nurse Aide Training Program):

Yvette Matthiessen

Printed Name

*Yvette Matthiessen*  
Signature

**NOTE:** The Department shall be notified of any change of program content, hours, staff, and/or evaluation of student learning for the certification training program thirty (30) days prior to the enactment, provided that the changes are approved by the Department. Core curriculum content shall include all topics listed in California Code of Regulations, Title 22, Section 71835, and Code of Federal Regulations, Section 483.152.

All clinical training shall take place in a Skilled Nursing Facility or Intermediate Care Facility and shall be conducted concurrently with classroom instruction. Clinical training shall be supervised by a licensed nurse (free of other responsibilities, and shall be onsite providing immediate (being present while the person being supervised demonstrates the clinical skills) supervision of students. Supervised clinical training shall be during the hours of 6:00 a.m. to 8:00 p.m. During clinical training, there shall be no more than fifteen (15) students to each instructor. The state approved Training Program entity must provide both the theory and the clinical supervised training to their students.

Only one (1) training schedule will be operationalized for each Provider Identification Training Number. Issuance of the Provider Identification Training Number is verified by the Department's representative's signature on page 2 of the application, signifying that all forms and Training Program requirements have been met.

The ratio of licensed instructors to students for supervised clinical training shall not exceed 1 to 15. Sixteen (16) hours of required federal training will be given prior to direct patient care.

Training Schedule (check/circle one). DAYS AM  PM WEEKENDS

Training Schedule - Hours: 3:30 pm to 8:00 pm M-F

Clinical Hours: 108 clinical hours 3:30-8:00 PM

Name of Curriculum Used: NATAP Student Fees: 230.00

I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

*[Signature]*  
Signature of Applicant - Owner

October 1, 2017  
Date

## SCHOOL NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

	A	B
Module I: INTRODUCTION	Theory <u>2</u>	Clinical <u>0</u>
Module II: Patient's Rights	Theory <u>2</u>	Clinical <u>1</u>
Module III: Interpersonal Skills	Theory <u>2</u>	Clinical <u>0</u>
Module IV: Prevention Management of Catastrophe and Unusual Occurrence	Theory <u>2</u>	Clinical <u>1</u>
Module V: Body Mechanics	Theory <u>2</u>	Clinical <u>4</u>
Module VI: Medical and Surgical Asepsis	Theory <u>2</u>	Clinical <u>10</u>
Module VII: Weights and Measures	Theory <u>1</u>	Clinical <u>2</u>
Module VIII: Patient Care Skills	Theory <u>14</u>	Clinical <u>44.5</u>
Module IX: Patient Care Procedures	Theory <u>8</u>	Clinical <u>21.5</u>
Module X: Vital Signs	Theory <u>3</u>	Clinical <u>8</u>
Module XI: Nutrition	Theory <u>2</u>	Clinical <u>7</u>
Module XII: Emergency Procedures	Theory <u>2</u>	Clinical <u>1</u>
Module XIII: Long - Term Care Patient	Theory <u>4</u>	Clinical <u>0</u>
Module XIV: Rehabilitative Nursing	Theory <u>2</u>	Clinical <u>4</u>
Module XV: Observation and Charting	Theory <u>4</u>	Clinical <u>4</u>
Module XVI: Death and Dying	Theory <u>2</u>	Clinical <u>0</u>
<b>TOTAL HOURS:</b>	<u>54</u>	<u>108</u>

**A) PLEASE SEND THE FOLLOWING MATERIALS WITH THIS APPLICATION FORM FOR REVIEW AND CONSIDERATION REGARDING CERTIFICATION TRAINING PROGRAM APPROVAL:**

- 1) Four (4) sample lesson plans selected from different modules, one (1) of which shall be "Patient Care Skills," which shall include:
  - a) The student behavioral objective(s)
  - b) A descriptive topic content with adequate detail (method, technique, procedure) to discern what is taught
  - c) The method of teaching
  - d) The method of evaluating knowledge and demonstrable skills
- 2) Samples of the student record documenting the clinical training, including the skills return demonstration for each trainee:
  - a) A listing of the duties and skills the nurse assistant must learn
  - b) Space to record the date when the nurse assistant performs each duty/skill
  - c) Spaces to note satisfactory or unsatisfactory performance
  - d) Signature of the approved Director of Staff Development / Instructor
- 3) A sample of the individual student record used for documenting theory, including the modules, components of the modules, and classroom hours spent on the modules.
- 4) A schedule of training which lists the theory topics and hours and clinical objectives and hours for the entire course. Classroom instruction and clinical training are taught in conjunction with one another.
- 5) Clinical site agreement.
- 6) Application for RN, Program Director, DSD / Instruction Application (CDPH 279).

*California Department of Public Health Use Only*

Training Schedule Approved: DAYS AM (PM) WEEKEND

Class Schedule - Hours: 3:30 - 8 PM Clinical Schedule - Hours: 3:30 - 8 PM

Approved By: [Signature] Date: 10/17/17

(CDPH, ATCS, Training Program Review Unit Representative)

JUL 27 2017

## Nurse Assistant Training Program (NATP) and/or Home Health Aide Program (HHP) Clinical Site Agreement

**NATP or HHP Responsibilities:**

- Prior to direct patient contact in the facility, the student must receive the federally mandated 16-hours of training. (NATP only)
- To provide all training and to provide immediate and direct supervision of students.
- Student to instructor ratio shall not exceed fifteen (15) to one (1) in the facility.
- Provide facility with a list of names of all students along with their training schedule.
- To provide all clinical training in the TPRU approved facility, by a TPRU approved instructor, while following the NATP approved training program schedule.
- Provide notice to facility, that all students have had the physical examination, test for TB and criminal screening within 90 days prior to attending clinical.
- Training will be provided between the hours of 6 a.m. and 8 p.m.
- NATP students will receive a minimum of 100 hours of clinical training in the facility.
- 40-hour HHP students will receive a minimum of 20 hours of direct patient care in an approved facility, with emphasis on home care.
- 120-hour HHP students will receive a minimum of 45 hours of direct patient care, in an approved facility, with emphasis on home care.

**Facility Responsibilities:**

- Facility staff may not be used to proctor, shadow, or teach the training program students.
- Facility staffing will not be decreased because students are training in the facility.

**Both parties agree to:**

- Comply with all local, state and federal laws and regulations.
- Include an adequate notice of termination clause in their standard agreement which includes a minimum of 30 days written advance notice of termination of the clinical site agreement.

By signing below, both parties agree with the terms printed on this agreement.

Name and Address of Training Program: Cerro Coso Community College 3000 College Heights Blvd Ridgecrest, CA 93555  County: <u>Kern</u>		Nursing Facility Name and Address: Ridgecrest Regional Hospital-Transitional Care and Rehabilitation Unit 1801 N. China Lake Blvd Ridgecrest, CA 93555  <u>10</u>						
NATP/HHP- Owner/Administrator (Printed Name) <b>Michael Kane</b>		Facility Administrator (Printed Name) <b>Colton Levar</b>						
NATP/HHP- Owner/Administrator (Signature) 	Date <u>7/17/17</u>	Facility Administrator (Signature) 	Date <u>7/19/17</u>					
RN Program Director (Printed Name) <b>Matthew Wanta</b>		Skilled Nursing Provider Identification training number, if known						
RN Program Director (Signature) 	Date <u>7/20/17</u>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">F-</td> <td style="padding: 5px; width: 30px; text-align: center;">1</td> <td style="padding: 5px; width: 30px; text-align: center;">8</td> <td style="padding: 5px; width: 30px; text-align: center;">0</td> <td style="padding: 5px; width: 30px; text-align: center;">1</td> </tr> </table>		F-	1	8	0	1
F-	1	8	0	1				

California Department of Public Health Use Only		
Approved By: <u></u>	Date: <u>10/17/17</u>	Expiration Date: <u>04/30/19</u>
<b>This approval is only valid until the program expiration date. A new clinical site agreement is required for the next renewal.</b>		

## Nurse Assistant Training Program (NATP) and/or Home Health Aide Program (HHP) Clinical Site Agreement

### NATP or HHP Responsibilities:

- Prior to direct patient contact in the facility, the student must receive the federally mandated 16-hours of training. (NATP only)
- To provide all training and to provide immediate and direct supervision of students.
- Student to instructor ratio shall not exceed fifteen (15) to one (1) in the facility.
- Provide facility with a list of names of all students along with their training schedule.
- To provide all clinical training in the TPRU approved facility, by a TPRU approved instructor, while following the NATP approved training program schedule.
- Provide notice to facility, that all students have had the physical examination, test for TB and criminal screening within 90 days prior to attending clinical.
- Training will be provided between the hours of 6 a.m. and 8 p.m.
- NATP students will receive a minimum of 100 hours of clinical training in the facility.
- 40-hour HHP students will receive a minimum of 20 hours of direct patient care in an approved facility, with emphasis on home care.
- 120-hour HHP students will receive a minimum of 45 hours of direct patient care, in an approved facility, with emphasis on home care.

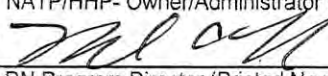
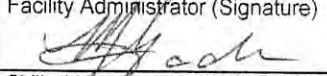

### Facility Responsibilities:


- Facility staff may not be used to proctor, shadow, or teach the training program students.
- Facility staffing will not be decreased because students are training in the facility.

### Both parties agree to:

- Comply with all local, state and federal laws and regulations.
- Include an adequate notice of termination clause in their standard agreement which includes a minimum of 30 days written advance notice of termination of the clinical site agreement.

By signing below, both parties agree with the terms printed on this agreement.

Name and Address of Training Program: Cerro Coso Community College 5520 Lake Isabella Blvd #5 Lake Isabella, CA 93240  County: <b>Kern</b>		Nursing Facility Name and Address: Kern River Healthcare District 6412 Laurel Ave. PO Box 1628 Lake Isabella, CA 93240 <b>10</b>						
NATP/HHP- Owner/Administrator (Printed Name) <b>Michael Kane</b>		Facility Administrator (Printed Name) <b>Mark Gordon</b>						
NATP/HHP- Owner/Administrator (Signature) 	Date <b>7/17/17</b>	Facility Administrator (Signature) 	Date <b>7-17-17</b>					
RN Program Director (Printed Name) <b>Matthew Wanta</b>		Skilled Nursing Provider Identification training number, if known						
RN Program Director (Signature) 	Date <b>7/17/17</b>	<table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;">F-</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;">4</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;">5</td> </tr> </table>		F-	1	4	1	5
F-	1	4	1	5				

<b>California Department of Public Health Use Only</b>		
Approved By: 	Date: <b>10/17/17</b>	Expiration Date: <b>04/30/19</b>
<b>This approval is only valid until the program expiration date. A new clinical site agreement is required for the next renewal.</b>		

State of California—Health and Human Services Agency  
California Department of Public Health

**PROGRAM APPROVAL/NONAPPROVAL NOTICE  
HOME HEALTH AIDE 40-HOUR PROGRAM**

TO: Cerro Coso Comm College  
Attn: Administrator  
3000 College Heights Blvd  
Ridgecrest, CA 93555

HHP: 0511  
Telephone Number: 760-384-6319  
Program Hours: 40  
County: Kern

I. This is to advise you that your Home Health Aide 40-hour program:

Has been approved/reapproved through (date): 04/30/19

Has not been approved \*

\* If your program has been returned "not approved," you may make the necessary corrections, adjustments, or additions and return the program to the address below for further consideration.

II. The program plan is incomplete/unsatisfactory regarding:

- Introduction to Aide and Agency Role  
(Minimum of **two (2) hours Theory** required)
- Interpretation of Medical and Social Needs of people being served  
(Minimum of **five (5) hours Theory** required)
- Personal Care Services  
(Minimum of **twenty (20) hours** required):  
Minimum of **five (5) hours Theory**  
Minimum of **fifteen (15) hours Clinical Practice**
- Cleaning and Care Tasks in the Home  
(Minimum of **five (5) hours** required):  
Three **(3) hours Theory**  
Two **(2) hours clinical**
- Nutrition  
(Minimum of **eight (8) hours** required):  
Five **(5) hours Theory**  
Three **(3) hours Clinical**
- Other (See Comments Section)  
**Emphasis on Home**

**Comments:**

Approved-  
The Department is in receipt of your HHP and it is approved.

Approved Instructors:  
Yvette Matthiessen, RN  
Ruby Allen, RN  
Annette Hodgins, RN

Approved clinical site(s) expire: 04/30/19  
Kern Valley Hosp District (F-1415)  
Pioneer Home Health

Clinical site agreements for the following health facility types may be submitted for CDPH approval for HHP training:  
A) Home Health Agency  
B) Hospice Agency  
C) Nursing Facility as defined in Title 22, Section 71823; typically a Skilled Nursing Facility (SNF) is used

Please contact me if you have questions:  
ph. 916-552-8849

*Suzanne Snyder*

Signature of TPRU Representative

Suzanne Snyder, Program Analyst

07/21/17

Name/Title

Date

### SCHOOL: NURSE ASSISTANT TRAINING PROGRAM NOTICE

ATTN: \_\_\_\_\_

County: Kern

Address:

TPRU Survey Date: \_\_\_\_\_

Approved RN Program Director: Yvette Matthiensen, RN PD

Cerro Coso Comm. College  
Attn: Administrator  
3000 College Heights Blvd  
Ridgecrest, CA 93555

Telephone Number: 760-384-6319

#### COMMENTS

#### YOUR PROGRAM

- HAS BEEN APPROVED
  - HAS BEEN RENEWED
  - HAS BEEN DISAPPROVED
- April 30, 2019  
Program Expiration Date

S- 0742  Day  P.M.  Weekend  
Provider Identification Number

- The written plan of the program is incomplete regarding:**
  - Nurse Assistant Certification Training Program (NATP) Application (CDPH 276S)
  - Nurse Assistant Training Program Skills Checklist (CDPH 276A)
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  - Twenty-four (24) hours BRN-approved Continuing Education
  - Hire confirmation letter from Administrator with a copy of statewide DSD certificate

Yvette Matthiensen, RN PD  
Name of Approved RN Program Director

Suzanne Snyder  
Suzanne Snyder, Program Analyst  
July 20, 2017  
ph. 916-552-8849

Approved -  
The Department is in receipt of your NATP and it is approved. NATP is renewed until 04/30/19.  
  
Additionally, 2nd request: Please send the Department appropriate Clinical Site Agreement(s) -CDPH 276E. Current forms (276E) can be accessed from the CDPH website listed below.

Approved Instructors:  
Yvette Matthiensen, RN PD  
Sharon Aleo, RN  
Donna Blanco, RN  
Joy Donoho, RN  
Cheryl Pullen, RN

Approved Clinical Site(s) expires: 04/30/2019  
Ridgecrest Regional Hosp (F1801)  
Kern Valley Healthcare District (F-1415)

Theory Training Location: 5520 Lake Isabella Blvd 35  
Lake Isabella, CA 93240

If there are changes to your program, for example, new or termed instructor, change of facility name, etc... please update CDPH in writing.

Please note that forms & info can be accessed from CDPH Website:  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/TPRU.aspx>

If you have questions please contact me.

Thank you

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### SCHOOL: NURSE ASSISTANT TRAINING PROGRAM NOTICE

ATTN: \_\_\_\_\_

County: Kern

Address:

Cerro Coso Comm. College  
Attn: Administrator  
3000 College Heights Blvd  
Ridgecrest, CA 93555

TPRU Survey Date: \_\_\_\_\_

Approved RN Program Director: Yvette Matthiensen, RN PD

Telephone Number: 760-384-6319

#### COMMENTS

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The Department is in receipt of your NATP and it is approved. NATP is renewed until 04/30/19.

Approved Instructors:  
Yvette Matthiensen, RN PD  
Sharon Aleo, RN  
Donna Blanco, RN  
Joy Donoho, RN  
Cheryl Pullen, RN

Approved Clinical Site(s) expired: 04/30/2017  
Ridgecrest Regional Hosp (F1801)  
Kern Valley Healthcare District (F-1415)

Theory Training Location: 5520 Lake Isabella  
Blvd #5, Lake Isabella, CA 93240

If there are changes to your program, for example, new or termed instructor, change of facility name, etc... please update CDPH in writing.

Please note that forms & info can be accessed from CDPH Website:  
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If you have questions please contact me.

Thank you

#### YOUR PROGRAM

- HAS BEEN APPROVED
  - HAS BEEN RENEWED
  - HAS BEEN DISAPPROVED
- April 30, 2019  
Program Expiration Date

S- 1567  Day  P.M.  Weekend  
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- The written plan of the program is incomplete regarding:
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  - Hire confirmation letter from Administrator with a copy of statewide DSD certificate

Yvette Matthiensen, RN PD  
Name of Approved RN Program Director

Suzanne Snyder  
Suzanne Snyder, Program Analyst  
Dec 12, 2017  
ph. 916-552-8849

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\*This form is for the exclusive use of TPRU.

Recv 12/11/17

California Department of Public Health (CDPH)  
Licensing and Certification Program (L&C)  
Aide and Technician Certification Section (ATCS)  
MS 3301, P.O. Box 997416  
Sacramento, CA 95899-7416  
PHONE: (916) 327-2445 FAX: (916) 324-0901

### SCHOOL NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

TYPE OR PRINT LEGIBLY. SEE REVERSE FOR INSTRUCTIONS.

School Name and Address:

Provider Identification Training Number:

For CDPH Use Only  
5 1 5 6 7

Cerro Coso Community College - S-1567  
3000 College Heights Blvd.  
Ridgecrest, California, 93555

Phone: 760-384-6331

County: Kern

School Training Site Address (if different): 5520 Lake Isabella Blvd # 5, Lake Isabella, CA 93240

(760) 379-5501

Registered Nurse responsible for program and CDPH 283 B signage (certifying completion of 150 Hour Nurse Aide Training Program):

Yvette Matthiessen

Printed Name

*Yvette Matthiessen RN*  
Signature

**NOTE:** The Department shall be notified of any change of program content, hours, staff, and/or evaluation of student learning for the certification training program thirty (30) days prior to the enactment, provided that the changes are approved by the Department. Core curriculum content shall include all topics listed in California Code of Regulations, Title 22, Section 71835, and Code of Federal Regulations, Section 483.152.

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Only one (1) training schedule will be operationalized for each Provider Identification Training Number. Issuance of the Provider Identification Training Number is verified by the Department's representative's signature on page 2 of the application, signifying that all forms and Training Program requirements have been met.

The ratio of licensed instructors to students for supervised clinical training shall not exceed 1 to 15. Sixteen (16) hours of required federal training will be given prior to direct patient care.

Training Schedule (check/circle one): DAYS AM PM WEEKENDS

Training Schedule - Hours: ~~MTWTF~~ 8-10 AM

Clinical Hours: 8-10:35 am 16 weeks

Name of Curriculum Used: NATAP Student Fees: 230.00

I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

*[Signature]*  
Signature of Applicant - Owner

October 5, 2017  
Date

## SCHOOL NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

	A	B
Module I: INTRODUCTION	Theory <u>2</u>	Clinical <u>0</u>
Module II: Patient's Rights	Theory <u>2</u>	Clinical <u>1</u>
Module III: Interpersonal Skills	Theory <u>2</u>	Clinical <u>0</u>
Module IV: Prevention Management of Catastrophe and Unusual Occurrence	Theory <u>2</u>	Clinical <u>1</u>
Module V: Body Mechanics	Theory <u>2</u>	Clinical <u>4</u>
Module VI: Medical and Surgical Asepsis	Theory <u>2</u>	Clinical <u>9</u>
Module VII: Weights and Measures	Theory <u>1</u>	Clinical <u>1.5</u>
Module VIII: Patient Care Skills	Theory <u>14</u>	Clinical <u>47</u>
Module IX: Patient Care Procedures	Theory <u>7</u>	Clinical <u>20</u>
Module X: Vital Signs	Theory <u>3</u>	Clinical <u>8</u>
Module XI: Nutrition	Theory <u>2</u>	Clinical <u>6</u>
Module XII: Emergency Procedures	Theory <u>2</u>	Clinical <u>1.5</u>
Module XIII: Long – Term Care Patient	Theory <u>4</u>	Clinical <u>0</u>
Module XIV: Rehabilitative Nursing	Theory <u>2</u>	Clinical <u>4</u>
Module XV: Observation and Charting	Theory <u>4</u>	Clinical <u>4</u>
Module XVI: Death and Dying	Theory <u>2</u>	Clinical <u>0</u>

**TOTAL HOURS:**                      53                      107

**A) PLEASE SEND THE FOLLOWING MATERIALS WITH THIS APPLICATION FORM FOR REIEW AND CONSIDERATION REGARDING CERTIFICATION TRAINING PROGRAM APPROVAL:**

- 1) Four (4) sample lesson plans selected from different modules, one (1) of which shall be "Patient Care Skills," which shall include:
  - a) The student behavioral objective(s)
  - b) A descriptive topic content with adequate detail (method, technique, procedure) to discern what is taught
  - c) The method of teaching
  - d) The method of evaluating knowledge and demonstrable skills
- 2) Samples of the student record documenting the clinical training, including the skills return demonstration for each trainee:
  - a) A listing of the duties and skills the nurse assistant must learn
  - b) Space to record the date when the nurse assistant performs each duty/skill
  - c) Spaces to note satisfactory or unsatisfactory performance
  - d) Signature of the approved Director of Staff Development / Instructor
- 3) A sample of the individual student record used for documenting theory, including the modules, components of the modules, and classroom hours spent on the modules.
- 4) A schedule of training which lists the theory topics and hours and clinical objectives and hours for the entire course. Classroom instruction and clinical training are taught in conjunction with one another.
- 5) Clinical site agreement.
- 6) Application for RN, Program Director, DSD / Instruction Application (CDPH 279).

*California Department of Public Health Use Only*

Training Schedule Approved: DAYS    AM    PM    WEEKEND

Class Schedule – Hours: 8AM - 10AM      Clinical Schedule – Hours: 8AM - 10:35 AM

Approved By: [Signature]                      Date: 12/12/17

(CDPH, ATOS, Training Program Review Unit Representative)

State of California—Health and Human Services Agency  
California Department of Public Health

**PROGRAM APPROVAL/NONAPPROVAL NOTICE  
HOME HEALTH AIDE 40-HOUR PROGRAM**

TO: Cerro Coso Comm College  
Attn: Administrator  
4090 West Line Street  
Bishop, CA 93514

HHP: 0815  
Telephone Number: 760-384-6319  
Program Hours: 40  
County: Kern

I. This is to advise you that your Home Health Aide 40-hour program:

Has been approved/reapproved through (date): 04/30/19

Has not been approved \*  
\* If your program has been returned "not approved," you may make the necessary corrections, adjustments, or additions and return the program to the address below for further consideration.

II. The program plan is incomplete/unsatisfactory regarding:

- Introduction to Aide and Agency Role  
(Minimum of **two (2) hours** Theory required)
- Interpretation of Medical and Social Needs of people being served  
(Minimum of **five (5) hours** Theory required)
- Personal Care Services  
(Minimum of **twenty (20) hours** required):  
Minimum of **five (5) hours** Theory  
Minimum of **fifteen (15) hours** Clinical Practice
- Cleaning and Care Tasks in the Home  
(Minimum of **five (5) hours** required):  
Three **(3) hours** Theory  
Two **(2) hours** clinical
- Nutrition  
(Minimum of **eight (8) hours** required):  
Five **(5) hours** Theory  
Three **(3) hours** Clinical
- Other (See Comments Section)  
**Emphasis on Home**

**Comments:**

Approved-  
The Department is in receipt of your HHP and it is approved.

Approved Instructors:  
Yvette Matthiessen, RN  
Ruby Allen, RN  
Annette Hodgins, RN

Approved clinical site(s) expire: 04/30/19  
Bishop Care Ctr (F-1761)  
Pioneer Home Health

Clinical site agreements for the following health facility types may be submitted for CDPH approval for HHP training:  
A) Home Health Agency  
B) Hospice Agency  
C) Nursing Facility as defined in Title 22, Section 71823; typically a Skilled Nursing Facility (SNF) is used

Please contact me if you have questions:  
ph. 916-552-8849

Suzanne Snyder  
Signature of TPRU Representative

Suzanne Snyder, Program Analyst

07/21/17

Date

Name/Title

FOR OFFICE USE ONLY  
ID Number: HHP-0815

### 40 HOUR HOME HEALTH AIDE (HHA) TRAINING PROGRAM APPLICATION

Date  
April/28/2017

Name of Provider <b>Cerro Coso Community College: Eastern Sierra College Center HHP-0815</b>		Telephone Number <b>760-384-6319</b>	
Address (Number and Street or P.O. Box Number) <b>4090 West Line Street</b>		City <b>Bishop</b>	County <b>Mono</b>
		State <b>CA</b>	Zip Code <b>93514</b>

Provider:  School  Health Facility  Home Health Agency

Program Director <b>Annette Hodgins</b>	Registered Nurse (RN) License Number <b>495166</b>
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Clinical Sites:  Skilled Nursing Facility  Home Health Agency  Acute Care Hospital

A) Name <b>Bishop Care Center</b>		Telephone Number <b>760-872-1000</b>	
Address (Number and Street or P.O. Box Number) <b>151 Pioneer Lane</b>		City <b>Bishop</b>	County <b>Mono</b>
		State <b>CA</b>	Zip Code <b>93514</b>

B) Name		Telephone Number	
Address (Number and Street or P.O. Box Number)		City	County
		State	Zip Code

#### Submit the following documents for the 40 Hour Program:

- 1. Letter attesting that the school will use all components of classroom and clinical training (including assignments and tests) in accordance with the 40 Hour Model Curriculum for Home Health Aides, as developed by the California Community College Chancellor's Office. Free download at [www.CA-hwi.org](http://www.CA-hwi.org) (see product ordering - CNA, Acute Care Nursing Assistant and HHA Curriculum).
- 2. Copy of student record used to validate classroom and clinical curriculum, including evaluation. The student record will include the topic of instruction, the date and hours of instruction, date of skill demonstration and evaluation, and the name of the instructor performing the skill evaluation.
- 3. Resume for RN instructor(s) verifying at least two (2) years of RN nursing experience, with one (1) year full time employment with the Home Health Agency or a Public Health Nurse certificate by the California Board of Registered Nursing. Resume must include: month/year to month/year of nursing experience, name/address/phone number of employer, including supervisor and phone number. Resumes that lack verifiable information will not be approved.
- 4. Clinical site agreement with Skilled Nursing Facilities, Home Health/Hospice Agency or Acute Care Hospital (2 year duration) where students will receive supervised clinical training. The HHA Training Program has full responsibility of classroom/clinical training.
- 5. CDPH 276D - Disclosure of Ownership and Control Interest Statement (for proprietary schools only).

**California Department of Public Health Use Only**

Provider Identification #: HHP-0815

Approved By: [Signature] Date: 07/21/17  
(CDPH, ATCS, Training Program Review Unit Representative)



December 28, 2017

Mr. Mathew Wanta  
Director, Vocational Nursing Program  
Cerro Coso Community College  
3000 College Heights Blvd.  
Ridgecrest, CA 93555

***Subject: Board Decision Regarding Consideration of Continued Approval  
Program Record Survey***

Dear Mr. Wanta:

The Acting Executive Officer, at the December 26, 2017, meeting considered the consultant's report regarding the Consideration of Continued Approval

The Board adopted the following recommendations:

1. Continue full approval of the Cerro Coso College Vocational Nursing Program for the period May 12, 2017, through May 11, 2021, and issue a certificate accordingly.
2. Continue approval of the program's ongoing admissions to **replace** graduating classes, only, with the following stipulations:
  - a. No additional classes are added to the program's current pattern of admissions without prior approval. The program's pattern of admissions will include admission of one class of 15 students in January of each year.
  - b. The director documents that adequate resources, i.e. faculty and facilities, are available to support each admitted class of students.
  - c. The program maintains an average annual pass rate that is compliant with Section 2530 (l) of the Code.
3. Require the Director to submit follow-up reports on **April 30, 2018**, and **August 31, 2018**. The reports must include documentation of faculty staff meetings, documentation of curriculum evaluation and analysis, and documentation of clinical facilities evaluation and analysis.

Board Decision Regarding Consideration of Continued Approval

December 26, 2017

Page 2 of 2

Please maintain this document in your files for future reference. Contact the Board should further clarification be needed.

Sincerely,

*Faye Silverman*

Faye Silverman, MSN/Ed, WOCN, PHN

Nursing Education Consultant

Board of Vocational Nursing and Psychiatric Technicians, Education Unit

2535 Capitol Oaks Drive, Suite 205

Sacramento, CA 95833

Phone: (916) 764-7993

Email: [faye.silverman@dca.ca.gov](mailto:faye.silverman@dca.ca.gov)



December 28, 2017

Mr. Mathew Wanta  
Director, Vocational Nursing Program  
Eastern Sierra College Center  
3000 College Heights Blvd.  
Ridgecrest, CA 93555

***Subject: Board Decision Regarding Consideration of Continued Approval Program Record Survey; and Request to Admit Students***

Dear Mr. Wanta:

The Acting Executive Officer, at the December 26, 2017, meeting considered the consultant's report regarding the Consideration of Continued Approval

The Board adopted the following recommendations:

1. Continue full approval of the Eastern Sierra College Center Vocational Nursing Program for the period May 12, 2017, through May 11, 2021, and issue a certificate accordingly.
2. Approve the program's request to admit one (1) **full-time class** of **15** students beginning **January 8, 2018** and graduating **December 12, 2018**.
3. Require the Director to submit follow-up reports on **April 30, 2017**, and **August 31, 2017**. The report must include documentation of faculty staff meetings, documentation of curriculum evaluation and analysis, and documentation of clinical facilities evaluation and analysis.
4. Continue the program's requirement to obtain Board approval prior to the admission of each class.
5. Continue to require the program, when requesting approval to admit students, to:
  - a. Submit all documentation in final form, using the forms provided by the Board, no later than two (2) months prior to the requested start date for the class.
  - b. Provide documentation that adequate resources, i.e. faculty and facilities, are available to support each admitted class of students.



Board Decision Regarding Consideration of Continued Approval; and Request to  
Admit Students

December 26, 2017

Page 2 of 2

Please maintain this document in your files for future reference. Contact the Board should further clarification be needed.

Sincerely,

*Faye Silverman*

Faye Silverman, MSN/Ed, WOCN, PHN

Nursing Education Consultant

Board of Vocational Nursing and Psychiatric Technicians, Education Unit

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