



# South Dakota Board of Nursing

South Dakota Department of Health  
 722 Main Street, Suite 3; Spearfish, SD 57783  
 (605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

Nurse Aide *Reapproval*

## Application for ~~Faculty Changes~~ to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

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 Spearfish, SD 57783

Name of Institution: Bethesda of Beresford  
 Address: 606 W Cedar  
Beresford SD 57004  
 Phone Number: 605-763-2050 Fax Number: 605-763-2063  
 E-mail Addresses of Primary Coordinator and/or Instructor: svangelder@bethesdasd.com

- Request New Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)
  - Attach curriculum vita, resume, or work history

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Rhonda Johnson	SD	K029249	5/31/2016	<i>[Signature]</i>

- Request New Primary Instructor** as actual teacher of course material; must be a RN or LPN with 2 years nursing experience, at least one of which is in the provision of long-term care services. (ARSD 44:04:18:11)
  - Attach curriculum vita, resume, or work history,
  - Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Stephanie Van Gelder	SD	R029662	6/22/2017	<i>[Signature]</i>

- Request New Supplemental Personnel** to assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)
  - Attach curriculum vita, resume, or work history.

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)

Program Coordinator Signature: *[Signature]* Date: 10/30/15

**This section to be completed by the South Dakota Board of Nursing**

Date Application Received: <u>NOV 2, 2015</u>	Date Application Denied:
Date Approved: <u>11/5/15</u>	Reason for Denial:
Expiration Date of Approval: <u>NOV 2017</u>	
Board Representative: <u><i>[Signature]</i></u>	
Date Notice Sent to Institution: <u>11/5/15</u>	



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**Physical Facility Requirements:** Ensure that classrooms, conference rooms, laboratories, and equipment are clean and safe and accommodate the number of students enrolled. (ARSD 44:04:18:14)

**Course Requirements**

Name of Course (if applicable): AESS Didactic / On-Line program - Avera CNA

On-Line Training Solutions Curriculum - Didactic Only  
A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction, and online instruction.

Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).

Acute, Subacute, & Long-Term Care The Nursing Assistant 5th Edition  
Submit documentation that supports requirements listed in ARSD 44:04:18:15, including:

Behaviorally stated objectives with measurable performance criteria for each unit of curriculum

Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows:

A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include:

Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.

A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor.

Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):

Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients;

Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;

Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support;

Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;

Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices;

Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.

*Per Avera Didactic 51 hours on line training*

*5th Edition by: Jolynn Pulliam*

**Supervision of Students:** Pursuant to ARSD 44:04:18:13, students in a nurse aide training program may not perform any services unless they have been trained and found to be proficient by the primary instructor. Students in a training program may perform services only under the supervision of a licensed nurse (RN and/or LPN).

**Program Coordinator Signature:** Deane Casperson RN DON **Date:** 9/29/15

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Date Application Received: <u>9/30/15 - 80</u>	Date Application Denied:
Date Approved:	Reason for Denial: <i>see p. 1</i>
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