



**SOUTH DAKOTA BOARD OF NURSING**  
 SOUTH DAKOTA DEPARTMENT OF HEALTH  
 722 Main Street, Suite 300 Spearfish SD 57783  
 (605) 642-1388 FAX: (605) 642-1389 www.southdakota.gov/doh/nursing

**Nurse Aide  
 Application for Initial Training Program**

All Nurse Aide Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application.

Send completed application and supporting documentation to: South Dakota Board of Nursing  
 722 Main Street, Suite 300  
 Spearfish SD 57783

Name of Institution: Wakonda Heritage Manor  
 Address: 515 Ohio Street Wakonda  
 Phone Number: 605 - 267 - 2081 Fax Number: 267 - 3780  
 E-mail Address of Faculty: cloque@avera.org

1. **Program Coordinator** must be a registered nurse with two years of 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 Gwen Maas - SD RN #2347 5/29/16

Name of Program Coordinator	RN LICENSE			Verification (Completed by SDBON)
	State	Number	Expiration Date	
<u>Christine Wgure</u>	<u>SD</u>	<u>R027820</u>	<u>5/25/16</u>	<u>[Signature]</u>

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

Name of Primary Instructor	RN OR LPN LICENSE			Verification (Completed by SDBON)
	State	Number	Expiration Date	
<u>Christine Logue</u>	<u>SD</u>	<u>R027820</u>	<u>5/25/16</u>	<u>[Signature]</u>

3. **Supplemental Personnel** may 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	LICENSE/REGISTRATION			Verification (Completed by SDBON)
	State	Number	Expiration Date	
<u>Maria Hanson</u>	<u>SD</u>	<u>R024672</u>	<u>10-4-16</u>	<u>[Signature]</u>
<u>Christine Logue</u>	<u>SD</u>	<u>R027820</u>	<u>5-25-16</u>	<u>[Signature]</u>

*resume  
TTT on file*



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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 Training Program

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).

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.

**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:** Christine Loggner **Date:** 8/27/15

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

Date Application Received: <u>8/28/15</u>	Date Application Denied:
Date Approved: <u>9/16/15</u>	Reason for Denial:
Expiration Date of Approval: <u>Sept 2017</u>	
Board Representative: <u>[Signature]</u>	
Date Notice Sent to Institution: <u>9/16/15</u>	

*p255 notes ✓*

October 20, 2011