COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

STATE BOARD OF EXAMINERS OF

NURSING HOME ADMINISTRATORS

TIME: 10:31 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

2525 North 7th Street

CoPA HUB, Eaton Conference Room

Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

Wednesday, May 7, 2025

State Board of Examiners of
Nursing Home Administrators
May 7, 2025

BOARD MEMBERS:

Ilene Warner-Maron, Ph.D., RN, NHA, Chair
Arion R. Claggett, Acting Commissioner, Bureau of Professional and Occupational Affairs - Absent
Sara L. King, NHA, Vice Chair
David R. Hoffman, JD, Public Member, Secretary
Ann Chronister, Department of Health
Michael P. Kelly, NHA
Francis J. King, NHA
Robert L. Wernicki, NHA
Carrie E. Wilson, Designee, Office of Attorney General, Bureau of Consumer Protection

BUREAU PERSONNEL:

Judith Pachter Schulder, Esquire, Board Counsel
Kathryn E. Bellfy, Esquire, Board Prosecution Liaison
Deidre Bowers, Board Administrator
Thomas M. Davis, Esquire, Regulatory Board Counsel
Codi M. Tucker, Esquire, Senior Board Prosecutor
Thomas Leech II, Board Administrator

ALSO PRESENT:

Jennifer Lynn Graff, Assistant Administrator, Uniontown Healthcare & Rehabilitation Center
Tiffany DeBlasio-Ferrieri, Administrative Assistant, Kane Community Living Center
Allison Walker, Sargent’s Court Reporting Service, Inc.

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State Board of Examiners of

Nursing Home Administrators

May 7, 2025

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[Pursuant to Section 708(a)(5) of the Sunshine Act, at 10:00 a.m. the Board entered into Executive Session with Judith Pachter Schulder, Esquire, Board Counsel, for the purpose of conducting quasi-judicial deliberations and to receive legal advice. The Board returned to open session at 10:30 a.m.]

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The regularly scheduled meeting of the State Board of Examiners of Nursing Home Administrators was held on Wednesday, May 7, 2025. Ilene Warner-Maron, Ph.D., RN, NHA, Chair, called the meeting to order at 10:31 a.m.

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Roll Call of Board Members

[Deidre Bowers, Board Administrator, provided a roll call of Board members. A quorum was present.]

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Appointment - Jennifer Lynn Graff, 39.5(b)(5)(iii)(A) Applicant

[Ms. Graff expressed her nervousness in having her

appointment with the Board. Judith Pachter Schulder, Esquire, Board Counsel, informed Ms. Graff that the appointment could be postponed, allowing more time for preparation. Ms. Graff insisted on going through with the appointment. Ms. Graff felt ready and sought the Board's consideration.

Chair Warner-Maron requested additional information regarding issues that Ms. Graff addressed at Bethlehem facility.

Ms. Graff explained, upon arrival, the facility lacked leadership and had a quiet, disengaged atmosphere. She discovered inappropriate medication use meant to keep patients in bed and assisted in organizing records and coordinating with medical staff to reduce such medications and reinstate activities. She also identified payroll fraud, initiated staffing investigations, and helped rebuild departments by hiring and overseeing new personnel, often commuting weekly over a span of four years.

Ms. Pachter Schulder asked Ms. Graff to discuss more recent experiences, to which Ms. Graff described Elder Crest, where she responded to prior abuse allegations that had not been properly reported. She encountered disorganization, unfulfilled documentation responsibilities, and noncompliance

from leadership staff, some of whom eventually walked out. Ms. Graff coordinated with an interim RN, administrator, and IT to recover missing records and ensure compliance with state reporting. She also addressed a Medicaid eligibility issue for a patient and attempted to stabilize operations amidst staff resignations, discovering a lack of prior performance documentation.

Ms. King asked about Ms. Graff's approach to problem-solving and QAPI (Quality Assurance and Performance Improvement). Ms. Graff admitted there had previously been no structured meetings or quality processes in place, so she initiated infection control meetings, daily department head check-ins, and resident reviews. She noted that her initial work on PIPs (Performance Improvement Plans) lacked follow-up due to her temporary presence, and later efforts to locate related documentation revealed a broader issue of missing records. When asked about her role, Ms. Graff clarified that she was initially supporting as a business office manager and director of admissions before returning as an assistant administrator.

Ms. Graff addressed her current role at Uniontown Nursing, as requested by Chair Warner-Maron, and

reported that she had begun working there in October 2023. She confirmed that the most recent state survey had identified three issues with the facility. A dietary staff member not wearing a hairnet, a patient elopement incident due to a dead WanderGuard battery, and staffing ratio deficiencies. Ms. Graff explained that the WanderGuard issue led to the purchase of battery monitoring equipment and the implementation of daily safety checks. She also described their procedures for assessing new patient's elopement risk and confirmed that regular elopement drills are conducted, detailing how staff are assigned to search different parts of the facility during such drills.

Mr. Hoffman asked Ms. Graff how her varied experiences shaped her priorities and strategies as a Nursing Home Administrator.

Ms. Graff responded that she learned the importance of strong teamwork and communication among management, observing firsthand how a cohesive leadership team positively influences facility operations. She emphasized that a facility's environment reflects the dynamic of its leadership and expressed a personal commitment to building supportive, communicative teams. Ms. Graff noted her

appreciation for past mentors and colleagues and said that her time overseeing operations at Oak confirmed her desire to pursue administration, despite initial hesitation.

Ms. Graff elaborated that she values relationships with both patients and staff, aiming to create a caring, supportive environment. She expressed a strong sense of readiness and a desire to prove herself in a full administrator role.

Mr. Hoffman inquired about the individual currently serving as the Ethics and Compliance Officer.

Ms. Graff confirmed that this individual is also the administrator. Ms. Graff explained she has informally served in that capacity by supporting a patient who is uncomfortable with the administrator, conducting regular angel rounds, and serving as a liaison to ensure patient concerns are addressed. She acknowledged the administrator's blunt communication style may alienate some residents, though the concerns raised in this case appeared rooted in a misunderstanding over safety policies rather than true misconduct.

Mr. Hoffman suggested that assigning the Ethics and Compliance Officer role to the administrator may

present a conflict of interest, particularly when residents are uncomfortable with that individual, and proposed it might be more appropriate to delegate the role to someone else in such circumstances.

Mr. King referenced the WanderGuard elopement incident and asked what battery percentage has been deemed adequate before getting exchanged.

Ms. Graff responded that the WanderGuard battery must contain at least 50 percent charge, anything under that percentage would require a charge.]

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Report of Prosecutorial Division - Annual Prosecution Report

[Codi Tucker, Esquire, Board Prosecutor, presented the Annual Prosecution Report, detailing case breakdowns for the Board. Cases are categorized by type and totals may appear higher than the number of actual cases because some are coded under multiple categories. For 2024, the most common case types for the NHA Board were failure to supervise, unprofessional conduct, and patient abuse or neglect. She clarified that this reporting method is standard practice and offered to provide digital copies.

Chair Warner-Maron responded that the data was helpful and clarified that a previous question had

concerned the number of disciplinary actions related to failure to obtain continuing education units (CEUs). She noted that the data showed more significant concerns centered on resident abuse, neglect, and supervision failures, rather than CEU compliance.

Ms. Tucker confirmed Chair Warner-Maron's observation, emphasizing that failure to supervise and abuse or neglect were indeed the top categories in the NHA Board's disciplinary cases.

Ms. Pachter Schulder asked whether the cases referenced were related to PB22 reports submitted to the Department of Health, and Ms. Tucker confirmed that the majority of referrals they receive originate from those PB22s, which DOH forwards to her division for investigation. Chair Warner-Maron inquired whether immediate jeopardy findings at facilities are automatically reported, and Ms. Tucker confirmed that DOH is responsible for sending those as well.

Mr. Hoffman asked if there were specific definitions for categories such as patient abuse, neglect, or fraud in practice.

Ms. Tucker responded that categories are broadly defined and assigned at the initial intake stage of a case. She emphasized that these categorizations are

applied early in the process and may not reflect the eventual substance of the charges.

Ms. Pachter Schulder noted that the allegations may differ from what ultimately becomes the focus of the investigation.

Mr. King requested clarification on the wording of the phrase failure to keep clean. Additionally, Ms. Pachter Schulder inquired the basis for this charge.

Ms. Tucker responded that it would require a close review of the regulations. She noted that the charge could apply if the issue ultimately fell under the NHA's responsibility or, alternatively, might be more appropriate for the Department of Health (DOH) if it pertained to the facility itself. She explained that unprofessional conduct serves as a broad, catch-all category, often requiring expert opinion to determine whether specific actions meet that standard.]

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[Robert L. Wernicki, NHA, exited the meeting at 11:15 a.m. for recusal purposes.]

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Appointment - Tiffany DeBlasio-Ferrieri, 39.5(b)(5)(iii)(A) Applicant

[Ilene Warner-Maron, Ph.D., RN, NHA, Chair, introduced Ms. Ferrieri, noted that she is returning for reevaluation of her experience, and questioned whether she had any recent experiences with surveys.

Ms. Ferrieri responded that while her facility was due for a survey in June, her recent focus had been on developing and implementing plans of correction related to PB22s. She described one significant plan of correction involving a resident fall caused by a CNA using a mechanical Hoyer lift without a second staff person present. In response, the facility conducted a comprehensive audit of all residents requiring mechanical lifts, updated care plans and assignment sheets to reflect two-person assist requirements, and implemented a structured schedule of observational audits. Additionally, Invacare, the lift supplier, provided staff education, therapy re-evaluated all affected residents, and the incident was reported to the Department of Health.

Chair Warner-Maron addressed the safety violation, as a Hoyer Lift transfer requires at least two individuals. Ms. Pachter Schulder and the Chairwoman asked Ms. Ferrieri why the aide may have chosen to handle the Hoyer Lift transfer by

his/herself.

Ms. Ferrieri responded that the motive for the safety violation could be many things. She noted that the aide may have either been in a rush or failed to read the patient's care plan. Ms. Ferrieri informed the Board that the aide involved has since been retrained on Hoyer Lift protocols.

Mr. Hoffman reiterated the Board's initial question, requesting potential solutions to modify this behavior, in order to prevent future incidents.

Ms. Ferrieri noted that a reliable approach of deterrence is the threat of termination, to which Mr. Hoffman agreed.

Chair Warner-Maron explained that the issue is quite common; however, to prevent future incidents, it is essential to understand why an individual may break protocol.

Ms. Ferrieri explained that in this particular incident, in addition to audits, she checked staffing sheets and questioned employee whereabouts on the day of the incident. She explained that there were no immediate facility concerns, and the aide involved in the incident simply utilized the Hoyer Lift on his/her own.

Ms. King requested further details regarding the

conversation that Ms. Ferrieri held with the aide involved in the incident.

Ms. Ferrieri confirmed to the Board that the aide involved in the incident was in a hurry when they performed the lift.

Chair Warner-Maron asked Ms. Ferrieri about a previous survey resulting in immediate jeopardy (IJ), specifically involving a resident who fractured a hip after falling during incontinence care. Initially, Ms. Ferrieri denied an IJ tag but acknowledged the incident which she thought was cited as an F tag. She explained the remediation steps, including in-services, updated care plans, and therapy assessments, and confirmed the CNA had rolled the resident away instead of toward her. When asked about her role, Ms. Ferrieri said she verified staffing levels that day and found they were adequate, attributing the incident to poor judgment by the CNA.

Chair Warner-Maron then questioned Ms. Ferrieri about QAPI, particularly regarding her role in meetings. Ms. Ferrieri stated she attended meetings and took notes did not describe her substantive contributions. When pressed about tracking nursing turnover as part of QAPI, she admitted it was discussed informally but not consistently included.

Ms. King and Ms. Pachter Schulder inquired about staff turnover and training practices. Ms. Ferrieri acknowledged heavy reliance on agency staff—approximately 60 percent—but emphasized that training was inclusive of all staff, including agency personnel. When Chair Warner-Maron asked how she planned to reduce agency use, Ms. Ferrieri cited increased hiring, better pay, and strong benefits as strategies. She also confirmed conducting salary surveys, noting their pay was slightly lower than competitors, but emphasized superior benefits. Chair Warner-Maron pointed out that as a county facility, agency staff may not value benefits as much as hourly wages, to which Ms. Ferrieri agreed, noting varying priorities depending on individual circumstances.

Mr. Kelly noted that a 60 percent reliance on contracted agency staff was high and asked Ms. Ferrieri how long that rate had persisted and whether staffing was improving. Ms. Ferrieri responded that staffing was slowly building as agency workers began seeking long-term benefits like retirement, which encouraged them to convert to permanent roles. She added that the high agency usage had been ongoing for two to three years, largely due to staffing losses during COVID.

Mr. King questioned the long-term strategy, pointing out that while agency staff earn significantly more, the facility's wages are lower than competitors, despite offering strong benefits. He questioned whether increasing wages could reduce agency dependency and save money over time.

Ms. Ferrieri confirmed that the commissioners and unions were currently reviewing salary adjustments as part of ongoing discussions.

Mr. Hoffman asked Ms. Ferrieri to describe the second PD22 incident she had referenced at the beginning of the appointment.

Ms. Ferrieri explained that a nurse aide was transporting a resident after dinner when the resident abruptly planted her feet, causing her to fall face-forward and sustain a forehead injury. The resident was promptly assessed, treated with ice packs and STERIS-Strips, and monitored. The investigation found the wheelchair's leg rests had not been in place, which contributed to the fall. The CNA was reeducated, and other residents' compliance with leg rest protocols was reviewed.

Chair Warner-Maron questioned how the leg rests were removed and clarified that in this case, they were never put on. Ms. Ferrieri acknowledged the

resident typically used the wheelchair without leg rests to move independently, but on this occasion, the absence likely led to her feet catching on the floor during transport, causing the fall.

Ms. King asked whether the resident normally propelled herself in the wheelchair.

Ms. Ferrieri confirmed that the resident did so at times, moving through the hallway without leg rests attached.]

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[Robert L. Wernicki, NHA, reentered the meeting at 11:41 p.m.]

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Approval of minutes of the February 5, 2025 meeting

CHAIR WARNER-MARON:

Any corrections, additions to the minutes from our February meeting?

[The Board discussed corrections to the minutes.]

CHAIR WARNER-MARON:

Any other corrections to the previous minutes?

Do we have a motion to accept those minutes, please?

MR. KING:

So moved.

MS. KING:

I second the motion.

Warner-Maron, aye; Sara King, aye; Hoffman, aye; Chronister, aye; Kelly, aye; Francis King, aye; Wernicki, aye; Wilson, aye.

[The motion carried unanimously.]

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Report of Board Counsel – Regulation 16A-6218

[Thomas M. Davis, Esquire, Regulatory Counsel, provided an update on the proposed rulemaking related to 16A-6218, concerning child abuse reporting requirements for licensees identified as mandated reporters under the Child Protective Services Law (CPSL). He explained that the proposed regulation had been approved by the Office of General Counsel, Budget, and Policy, and was sent to the Office of Attorney General on April 14, 2025, for form and legality review. He anticipated approval by mid-May 2025, as similar regulations for other Boards had been approved without issue. Once approved, the regulation would be forwarded to legislative committees, the Legislative Reference Bureau, and the Independent Regulatory Review Commission (IRRC) for a

30-day public comment period following publication in the Pennsylvania Bulletin.

Mr. Davis noted that few public comments had been received from other Boards and suggested the Board might review any feedback by the August meeting, or potentially the one after, if needed.]

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Report of Board Counsel – NAB Agreement

[Judith Pachter Schulder, Esquire, Board Counsel, informed the Board that a new NAB agreement had been executed as of April 14, 2025, and was included in the agenda materials for reference. She also emphasized the importance of not using personal email accounts for Board-related business. Citing a recent published Commonwealth Court decision involving a school district, she noted that Board members in that case were required to review their personal emails for any official correspondence in response to a records request. She reiterated the directive that all Board communications should occur through official Commonwealth accounts, including when asking questions.]

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Report of Board Chairperson

[Ilene Warner-Maron, Ph.D., RN, NHA, Chair, noted for

the record that there are currently 11 different pathways to licensure. She explained that the existing FAQs did not clearly define these distinct application mechanisms, which has caused confusion for applicants. She shared that Ms. Bowers would be updating the FAQs to better clarify each licensure category, helping applicants select the correct application based on their individual circumstances.]

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Report of Acting Commissioner - No Report

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Report of Board Administrator - No Report

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Report of Board Members

[David R. Hoffman, JD, Public Member, Secretary, reintroduced a prior discussion about requiring a set number of continuing education hours focused on behavioral health, mental health, and substance use disorders, emphasizing the relevance of these topics due to the evolving needs of the resident population in long-term care. He proposed a minimum of three hours dedicated specifically to these subjects, noting that if dementia training were included, more hours might be necessary.

Ms. Pachter Schulder asked whether Mr. Hoffman

had a formal recommendation for the Board to consider and confirmed that relevant courses are available through NAB and other professional organizations. She also reminded the Board that their regulations now permit them to mandate specific courses as part of license renewal.

Chair Warner-Maron supported the idea, pointing out the increasing prevalence of residents with significant mental health and substance use issues in skilled nursing facilities, making targeted administrative education in these areas critical.

Mr. Wernicki expressed opposition to mandating specific continuing education requirements focused on behavioral health, arguing that such specialization should be left to the discretion of each facility, especially since many nursing homes—like those in the CANE system—designate only certain locations for behavioral health care and rely on community partnerships for those services. He emphasized that not all facilities are equipped or staffed to manage residents with behavioral or substance use issues and therefore may not admit them.

Chair Warner-Maron disagreed with this view, stating that in her experience, nearly all facilities house residents with a combination of physical,

behavioral, and substance use issues, regardless of whether they have a designated behavioral health unit. She stressed the importance of administrators being adequately trained to manage these increasingly common and complex needs.

Mr. Wernicki acknowledged that such residents exist but reiterated that whether to accept them is a facility-level decision based on available resources. He urged the Board to allow time for facilities to adapt and develop appropriate partnerships and programs before mandating training in this area.

Mr. King proposed reconsidering the balance between mandatory and flexible continuing education requirements for licensees, suggesting that the Board evaluate whether a portion of the existing 12 mandatory hours in emergency preparedness and infection control could be reallocated to behavioral health training. He offered the idea of setting a threshold—such as 25 percent of total hours—for board-directed content, while allowing the remainder to be licensee-directed based on individual or facility needs.

Chair Warner-Maron, based upon Mr. King’s suggestion, recommended potentially using three of the current 12 mandatory hours for behavioral health,

particularly given that licensees have now completed two full cycles of emergency preparedness and infection control training.

Ms. Pachter Schulder noted that this type of change would require a regulatory amendment, as the current regulation specifically mandates at least 12 hours in emergency preparedness and infection control. She also explored whether behavioral health training might qualify under emergency preparedness, but Chair Warner-Maron disagreed that it would be a valid fit.

Mr. King then suggested a more flexible, long-term approach through regulatory change that would allow the Board to allocate a set percentage of the required hours—such as 25 percent—to board-determined priorities, such as behavioral health, while preserving licensee choice for the remaining hours.

Ms. Pachter Schulder confirmed this approach was legally viable but would require formal regulatory changes. Chair Warner-Maron concluded by asking the Board whether they believed behavioral health issues were a priority worth pursuing in this way.

Ms. King expressed strong support for incorporating behavioral health training into continuing education requirements, emphasizing the importance of flexibility in regulations to adapt to

changing needs. She noted that while some administrators may already have relevant backgrounds, others may not, and all should be equipped to address the increasing prevalence of behavioral health issues in nursing home populations. She supported the idea of setting aside a portion of required hours for board-directed topics and acknowledged that such training could also benefit staff management.

Ms. Chronister agreed with the need for flexibility in regulatory requirements and supported allowing the Board to allocate a certain percentage of training hours. While she acknowledged behavioral health as an issue, she pointed out that elopements were currently more prevalent in survey findings. She stressed the importance of maintaining adaptability as training priorities shift over time.

Ms. Wilson echoed support for the discussion points raised by other members. She emphasized the importance of behavioral and mental health in the current environment and endorsed the concept of regulatory flexibility.

Mr. King added that in northeastern Pennsylvania, there had been a noticeable increase in behavioral health referrals. He emphasized the role of facility infrastructure and partnerships with geriatric

psychiatrists, although such specialists were limited in availability. He further noted that behavioral health training could also benefit administrators in managing staff by helping them identify underlying issues behind performance or attendance concerns, thereby broadening the training's relevance beyond resident care.

Ms. Pachter Schulder inquired about the most current regulations regarding the addition of topics to continuing education (CE) requirements, specifically in relation to emergency preparedness and infection control. She referenced regulation 16A-6221, which mandates that a portion of the required CE hours be dedicated to these topics for a specific biennial renewal period. She asked if the language allowing the Board to designate additional topics was in place, but was unable to locate it.

Mr. Davis confirmed he was unsure of the specific location of the language but clarified that the discussion was about adding different topics to the CE requirements. He referenced a proposed annex from August 2024, which suggested that the Board may, with adequate notice, require part of the CE hours to be completed in specific required topics during a given biennial license period. However, he stressed that

this proposal had not yet been implemented.

Chair Warner-Maron proposed that the Board could have the flexibility to designate up to 12 credits per licensure cycle for specific areas, such as behavioral health and substance use disorders, without increasing the total number of mandated hours. Ms. Pachter Schulder agreed that such a regulation could be written, and Mr. King confirmed that this approach aligned with his thinking.

Mr. Davis cautioned that the language discussed was merely a proposal and not part of the current regulations. He advised against attempting to put this into action until the regulation was officially promulgated. Ms. Pachter Schulder suggested bringing the proposed annex back for further discussion at the next meeting, along with recommendations about whether the 12-hour mandate was still necessary or should be adjusted.

Chair Warner-Maron supported the idea of maintaining the total CE hours while potentially redistributing them to address behavioral health and substance use disorders. She indicated that the Board would revisit this issue in July.]

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Report of Committees - AIT Review Committee

[Robert L. Wernick, NHA, reported the AIT Review Committee approved 16 applications.]

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Report of Committees - Examination Committee

[Michael P. Kelly, NHA, reported reviewing 10 Nursing Home Administrators (NHA) Examination applications that were approved since the last meeting.

Ms. King reported reviewing 12 Nursing Home Administrators (NHA) Examination applications that were approved since the last meeting.

It was further noted four were approved by endorsement and three approved by completing the AIT program.]

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Discussion Items – HSE Qualification Standard

[The Board discussed its concerns regarding the HSE Qualification Standard.]

MS. PACHER SCHULDER:

Is there a motion to advise that it is the position of the Board that without the statutory requirement of accepting the HSE qualification, the Board does not believe that there is sufficient education or experience in only skilled nursing management and therefore, it

does not desire to accept that qualification in lieu of what's in the regulation.

CHAIR WARNER-MARON:

Is there any opposition to that as a motion? A proposed motion?

[The Board discussed further details regarding the HSE Qualification Standard.]

MR. KING:

So moved.

MS. KING:

I second the motion.

Warner-Maron, aye; Sara King, aye; Hoffman, aye; Chronister, aye; Kelly, aye; Francis King, aye; Wernicki, aye; Wilson, aye.

[The motion carried unanimously.]

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[The Board entered into Executive Session from 12:17 p.m. until 12:35 p.m.]

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[Pursuant to Section 708(a)(5) of the Sunshine Act, at 12:17 p.m. the Board entered into Executive Session with Judith Pachter Schulder, Esquire, Board

Counsel, for the purpose of conducting quasi-judicial deliberations on matters on the agenda. The Board returned to open session at 12:35 p.m.]

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MOTIONS

MS. PACHTER SCHULDER:

During executive session the Board engaged in quasijudicial deliberations on the applications of Jennifer Graff and Tiffany De-Blasio Ferrieri, the latter of which, member Wernicki is recused. Is there a motion to approve the application Jennifer Graff under 39.5(b)(5)(iii)(A)?

MR. KING:

So moved.

MS. KING:

I second the motion.

MS. BOWERS:

Warner-Maron, aye; Sara King, aye; Hoffman, aye; Chronister, aye; Kelly, aye; Francis King, aye; Wernicki, aye; Wilson, aye.

[The motion carried unanimously.]

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MS. SCHULDER:

Is there a motion to table the application of Tiffany De-Blasio Ferrieri's application to be a Nursing Home Administrator until such time as she can demonstrate problem solving, understanding of the scope and severity chart, a demonstration of acting in a supervisory role, including taking part in a survey, and that the Board recommends that she wait at least six months in order to reapply to show the Board that she has obtained the additional experience and that she considers the pathway taken by AITs for focused experience in each of the practice areas?

MR. KING:

So moved.

MR. HOFFMAN:

Second.

MS. BOWERS:

Warner-Maron, aye; Sara King, aye; Hoffman, aye; Chronister, aye; Kelly, aye; Francis King, aye; Wernicki,

recused; Wilson, aye.

[The motion carried. Robert Wernicki recused himself from deliberations and voting on the motion.]

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Upcoming Meeting Dates

[Ilene Warner-Maron, Ph.D., RN, NHA, Chair, noted the 2025 NAB Annual Meeting from June 11-13, 2025.

Chair Warner-Maron noted the next Board Meeting date is August 6, 2025.]

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Adjournment

CHAIR WARNER-MARON:

And so our upcoming meeting dates. Our next meeting will be August 6. Any new business? Motion for adjournment?

MR. KING:

So moved.

MS. KING:

Second.

CHAIR WARNER-MARON:

Thank you very much.

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[There being no further business, the State Board of Examiners of Nursing Home Administrators Meeting adjourned at 12:38 p.m.]

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CERTIFICATE

I hereby certify that the foregoing summary minutes of the State Board of Examiners of Nursing Home Administrators, was reduced to writing by me or under my supervision, and that the minutes accurately summarize the substance of the State Board of Examiners of Nursing Home Administrators meeting.

Allison Walker,
Minute Clerk
Sargent's Court Reporting
Service, Inc.

STATE BOARD OF EXAMINERS OF
NURSING HOME ADMINISTRATORS
REFERENCE INDEX

May 7, 2025

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10:00	Executive Session
10:30	Return to Open Session
10:31	Official Call to Order
10:31	Roll Call
10:32	Introduction of Attendees
11:12	Appointment - Jennifer Lynn Graff - 39.5(b)(5)(iii)(A) Applicant
11:14	Appointment - Annual Prosecution Report
11:40	Appointment - Tiffany DeBlasio-Ferrieri - 39.5(b)(5)(iii)(A) Applicant
11:41	Approval of Minutes
11:45	Report of Board Counsel
11:46	Report of Board Chair
12:08	Report of Board Members
12:09	Report of Committees
12:16	Discussion Items
12:17	Executive Session
12:35	Return to Open Session
12:37	Motions
12:37	Upcoming Meeting Dates
12:38	Adjournment