

LTCA

Enrollment application
Attendance/Sign-In Roster with Days/Hours
Signature Sheet from Student Handbook
Affirmation of 16 Hours -5 in 1 form
16 Hours of Supervised Clinical Training
Skills Performance Checklist
Training Verification Form -training completed
Background check

- If they are also deeming, be sure to have their deeming hours included.

CMA

Enrollment application
Copy of ID
Current Nurse Aide Certification
Signature Sheet from Student Handbook
Diploma/GED
Attendance/Sign-in Roster with Days/Hours
Skills Performance Checklist
16 Hours of Supervised Clinical Training
Training Verification Form -training completed
Med Pass Record



Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER IDENTIFICATION NUMBER: 1234567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/31/2026
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NAME OF PROVIDER OR SUPPLIER ABC NURSING AND REHAB CMA	STREET ADDRESS, CITY, STATE, ZIP CODE 51100 N. BROADWAY NOWHERE, OK 76543
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(X4) D PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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N000	<p>Initial Comments</p> <p>The Oklahoma State Department of Health conducted an unannounced on-site survey at the ABC Certified Medication Aide Training and Competency Program on 01/31/2026.</p> <p>An entrance conference was held with the instructor to explain the survey process and answer questions.</p> <p>Findings were discussed at an exit conference with the RN Supervisor and the instructor.</p> <p>ABC Nursing, and Rehab is not in substantial compliance with OAC 310:677, Requirements for Nurse Aide Training and Certification. Deficiencies were cited as a result of the survey.</p>	N000		
N1205	<p>310:677-3-3(c)(4-5)(6)(A-F)(7) Application</p> <p>(c) The application will include:</p> <p>(4) A Skills Performance Checklist, documenting the date the nurse aide trainee successfully demonstrated all those basic nursing skills and personal care skills that are generally performed by nurse aides and the signature of the instructor that observed the successful demonstration of the skills. The skills must include the basic nursing skills and personal care skills listed in 42 Code of Federal Regulations (CFR) 483.152 (b) (2) and (3);</p> <p>(5) A Training Verification Form;</p> <p>(6) A description of the program's standards for classroom and skills training facilities including, but not limited to:</p> <p>(A) Heat and cooling systems;</p>	N1205		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Event ID

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1234567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/31/2026
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NAME OF PROVIDER OR SUPPLIER ABC NURSING AND REHAB CMA	STREET ADDRESS, CITY, STATE, ZIP CODE 5000 N. BROADWAY NOWHERE., OK 76543
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
N4801	Continued From page 2 Findings include: There was no sign-in sheet or hours completion log and no signed supervised clinical training form in one of one reviewed trainee files.	N4801		