



Department of Community Health
 Health Care Facility Regulation Division
 Division Chief: Doug Colburn
 Deputy Chief Director: Sharon King,
 Certification and Survey
 Deputy Chief Director: Leslee Pool,
 Complaint and Operations

HFRD Provider Training Needs Assessment Questionnaire

Community/Facility Name: (optional)		Address:
Job Title:	Comment(s):	
1. Indicate which of the following statements best describes your community/facility type: (√) <input type="checkbox"/> a. 2 – 6 beds <input type="checkbox"/> b. 7 – 24 beds <input type="checkbox"/> c. 25 – 99 beds <input type="checkbox"/> d. 100 residents or more		
2. We would prefer to attend HFRD training in the following locations: (indicate preference 1-4) <input type="checkbox"/> a. Metro Atlanta <input type="checkbox"/> b. Macon <input type="checkbox"/> c. Savannah (South Georgia area) <input type="checkbox"/> d. Other: write in _____		
3. Our preferred method of learning: (indicate preference 1-4) <input type="checkbox"/> a. Face-to-face training <input type="checkbox"/> b. Live Webex or Webinar <input type="checkbox"/> c. Pre-recorded Webex or Webinar <input type="checkbox"/> d. Online Microsoft Office Power Point Presentations <input type="checkbox"/> e. Teleconference		
4. We would prefer to attend learning sessions that last: <input type="checkbox"/> a. all day <input type="checkbox"/> b. ½ day <input type="checkbox"/> c. 3 hours or less		
5. Our preference is to attend learning sessions in the: <input type="checkbox"/> a. Morning <input type="checkbox"/> b. Afternoon		
6. I have accessed the HealthCare Facility Division (previously ORS) Web page at least twice within the past year in my work role: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximately how many times? _____		



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	Comment(s):
<p>7. Would you or your staff access online training for regulatory updates if offered on the HFRD Web page? Indicate which response best represents your answer</p> <ul style="list-style-type: none"> a. Very likely b. Likely c. Unlikely d. Very unlikely e. Not sure 	
<p>8. I would like for HFRD to offer the following training sessions in 2010: Select your preferred top 5 topics (√)</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. Training on 2009 rule revisions to include rules for memory care services. <input type="checkbox"/> b. Georgia Advance Directives for Healthcare, staff responsibilities regarding CPR, incident reports, responding to changes in resident condition. <input type="checkbox"/> c. New Provider Training - assistance for those thinking about opening a PCH <input type="checkbox"/> d. Resident care, admission and retention, waivers, resident file information. <input type="checkbox"/> e. Personnel requirements and documentation requirements. <input type="checkbox"/> f. The Survey Process <input type="checkbox"/> h. Medications <input type="checkbox"/> i. Disaster Preparedness Plans and Implementation. <input type="checkbox"/> j. PCH Rules and Regulations <input type="checkbox"/> k. Ten Most Frequently Cited Rule Violations. <p style="margin-top: 20px;">Please complete and FAX to Michelle Nelson 404-657-5078</p>	

The Health Care Facility Regulatory Division would like to express our sincere appreciation for your willingness to complete this needs assessment questionnaire. Thank you!