



Tomas Aragon, M.D., Dr.P.H.
 Director and State Public
 Health Officer
 CDPH

State of California—Health and Human Services Agency
 California Department of Public Health



GAVIN NEWSOM
 Governor

**PROGRAM APPROVAL/NONAPPROVAL NOTICE
 HOME HEALTH AIDE 40-HOUR PROGRAM**

TO: Name and Address:
 NILES COLLEGE
 1299 BAYSHORE HWY, SUITE 200
 BURLINGAME CA 94010

HHP: 843
 Telephone Number: 650-212-3100
 Program Hours: 40
 County: San Mateo

I. This is to advise you that your Home Health Aide 40-hour program:

Is approved/reapproved through (date): 02/28/2026

Is Denied*

* If your program has been returned "denied," you may make the necessary corrections, adjustments, or additions and return the program to the address below for further consideration.

II. The program plan is incomplete/unsatisfactory regarding:

- Introduction to Aide and Agency Role
(Minimum of **two (2) hours** Theory required)
- Interpretation of Medical and Social Needs of people being served
(Minimum of **five (5) hours** Theory required)
- Personal Care Services
(Minimum of **twenty (20) hours** required):
Minimum of **five (5) hours** Theory
Minimum of **fifteen (15) hours** Clinical Practice
- Cleaning and Care Tasks in the Home
(Minimum of **five (5) hours** required):
Three **(3) hours** Theory
Two **(2) hours** clinical
- Nutrition
(Minimum of **eight (8) hours** required):
Five **(5) hours** Theory
Three **(3) hours** Clinical
- Other (**See Comments Section**)

COMMENTS:

The Department and reviewed the submitted renewal application and APPROVES the renewal of your 40-hour home health aide training program, HHP-843.

Approved Instructors:

1. Fe Borrillo, RN Program Director
2. Ronaldo De Leon, RN Co-Program Director

Approved Clinical Training Sites:

1. Carlmont Gardens Nursing Center F0770
2. Burlingame Skilled Nursing DP SNF F0111
3. Brookside Skilled Nursing Hospital F1065
4. Golden Heights Healthcare F1176
5. St Francis Healthcare Center F1182

All clinical site approvals expire at the same time as the Program Expiration Date, 02/28/2026.

Please submit your program's renewal application 60 - 90 days prior to your Program Expiration Date, in order to avoid the closure of your program.
 Submit by email to: TPRU@cdph.ca.gov
 or Fax to: (916) 636-6760

For each renewal, please refer to the Training Program Review Unit's (TPRU) website for the most up-to-date forms and the most current information on 40-hour Home Health Aide Training Program renewal application requirements.
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/TPRU.aspx>

Susan J Voisin

Signature of TPRU Representative

Susan Voisin, Training Program Evaluator Nurse 2/23/24

Name/Title Date

Received
12/28/2023

California Department of Public Health (CDPH)
 Licensing and Certification Program (L&C)
 Aide and Technician Certification Section (ATCS)
 Training Program Review Unit (TPRU)
 MS 3301, P.O. Box 997416
 Sacramento, CA 95899-7416
 PHONE: (916) 327-2445 FAX: (916) 324-0901
 EMAIL: TPRU@cdph.ca.gov

40 HOUR HOME HEALTH AIDE (HHA) TRAINING PROGRAM APPLICATION

Name of Provider NILES COLLEGE		Telephone Number (include extension #) 650-212-3100	
Address (Number and Street or P.O. Box Number) 1299 Bayshore Highway, Suite 200		City Burlingame	State CA
		Zip Code 94010	
Provider Email Address info@nilescollege.net		Provider Training Number HHP - 843	Date 02/29/24

Provider:
 School
 Hospice Agency
 Health Facility
 Home Health Agency

Program Director Name Fe B. Borrillo, RN	Registered Nurse (RN) License Number RN # 183279
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Program Director Signature 	Program Director Email Address feborrillo@comcast.net
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Clinical Sites:
 Skilled Nursing Facility
 Hospice Agency
 Home Health Agency
 Acute Care Hospital

A) Name of the Clinical Site Carlmont Gardens Nursing Center		Telephone Number 650-591-9601	
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Address (Number and Street or P.O. Box Number) 2140 Carlmont Drive		City Belmont	State CA
		Zip Code 94002	

B) Name of the Clinical Site Brookside Skilled Nursing Hospital		Telephone Number 650-349-2161	
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Address (Number and Street or P.O. Box Number) 2620 Flores Street		City San Mateo	State CA
		Zip Code 94403	

Submit the following documents for the 40 Hour Program:

- Letter attesting that the school will use all components of classroom and clinical training (including assignments and tests) in accordance with the 40 Hour Model Curriculum for Home Health Aides, as developed by the California Community College Chancellor's Office. Free download at www.CA-hwi.org (see product ordering – CNA, Acute Care Nursing Assistant and HHA Curriculum).
- Copy of student record used to validate classroom and clinical curriculum, including evaluation. The student record will include the topic of instruction, the date and hours of instruction, date of skill demonstration and evaluation, and the name of the instructor performing the skill evaluation.
- Resume for RN instructor(s) verifying at least two (2) years of RN nursing experience, with one (1) year full time employment with a Home Health Agency. Resume must include: month/year to month/year of nursing experience, name/address/phone number of employer, including supervisor and phone number. Resumes that lack verifiable information will not be approved.
- Clinical site agreement with Skilled Nursing Facilities, Home Health/Hospice Agency or Acute Care Hospital (2 year duration) where students will receive supervised clinical training. The HHA Training Program has full responsibility of classroom/clinical training.
- CDPH 276 D – Disclosure of Ownership Form (for proprietary schools only).

California Department of Public Health Use Only	
Provider Identification #: 843	Date: 02/23/2024
Approved By: <u><i>Susan J. Voisin</i></u>	
(CDPH, ATCS, Training Program Review Unit Representative)	

40 HOUR HOME HEALTH AIDE (HHA) TRAINING PROGRAM APPLICATION


Name of Provider NILES COLLEGE		Telephone Number (include extension #) 650-212-3100	
Address (Number and Street or P.O. Box Number) 1299 Bayshore Highway, Suite 200		City Burlingame	State CA
		Zip Code 94010	
Provider Email Address info@nilescollege.net		Provider Training Number HHP - 843	Date 02/29/24
Provider: <input checked="" type="checkbox"/> School <input type="checkbox"/> Hospice Agency <input type="checkbox"/> Health Facility <input type="checkbox"/> Home Health Agency			
Program Director Name Fe B. Borrillo, RN		Registered Nurse (RN) License Number RN # 183279	
Program Director Signature 		Program Director Email Address feborrillo@comcast.net	
Clinical Sites: <input checked="" type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Hospice Agency <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Acute Care Hospital			
A) Name of the Clinical Site Burlingame Skilled Nursing		Telephone Number 650-692-3758	
Address (Number and Street or P.O. Box Number) 1100 Trousdale Drive		City Burlingame	State CA
		Zip Code 94010	
B) Name of the Clinical Site Golden Heights Healthcare		Telephone Number 650-755-9515	
Address (Number and Street or P.O. Box Number) 35 Escuela Drive		City Daly City	State CA
		Zip Code 94015	

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(CDPH, ATCS, Training Program Review Unit Representative)	

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		Zip Code 94010	
Provider Email Address info@nilescollege.net		Provider Training Number HHP - 843	Date 02/29/24
Provider: <input checked="" type="checkbox"/> School <input type="checkbox"/> Hospice Agency <input type="checkbox"/> Health Facility <input type="checkbox"/> Home Health Agency			
Program Director Name Fe B. Borrillo, RN, BSN, DSD		Registered Nurse (RN) License Number RN # 183279	
Program Director Signature 		Program Director Email Address feborrillo@comcast.net	
Clinical Sites: <input checked="" type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Hospice Agency <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Acute Care Hospital			
A) Name of the Clinical Site St. Francis Extended Care		Telephone Number 510-785-3630	
Address (Number and Street or P.O. Box Number) 718 Barlett Avenue		City Hayward	State CA
		Zip Code 94541	
B) Name of the Clinical Site		Telephone Number	
Address (Number and Street or P.O. Box Number)		City	State
			Zip Code



Submit the following documents for the 40 Hour Program:

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Approved By: <u><i>Susan J. Voisin</i></u>	
(CDPH, ATCS, Training Program Review Unit Representative)	

40 HOUR HOME HEALTH AIDE (HHA) TRAINING PROGRAM FACULTY APPLICATION

Name of School/Facility/Training Agency NILES COLLEGE				Date 02/29/24
Address (Number and Street or P.O. Box Number) 1299 Bayshore Hwy, Suite 200		City Burlingame	County San Mateo	State CA
				Zip Code 94010

NAME	CALIFORNIA REGISTERED NURSE LICENSE NUMBER	LICENSE EXPIRATION DATE	Signature
Fe B. Borrillo, RN	RN 183279	04/30/24	 Approved 02/23/2024 <i>Susan J. Vaisin</i>
Ronaldo D. Deleon, RN	RN 708073	08/31/24	 Approved 02/23/2024 <i>Susan J. Vaisin</i>

PARTICIPATING CONSULTANTS

NAME	PROFESSION	CERTIFICATION, REGISTRATION, LICENSE NUMBER	SUBJECT	NUMBER OF HOURS

Request for Nurse Assistant Training Program (NATP) and/or Home Health Aide Program (HHP) Clinical Training Site Approval (CTSA)

NOTE: NATP clinical training is allowed in nursing facilities: Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF), ICF/Developmentally Disabled (ICF/DD) or ICF/DD-nursing. HHP clinical training is allowed in SNFs, ICFs, Home Health, Hospice and Acute Care Hospitals. If the Department finds that a Nurse Aide Training and Competency Evaluation Program is not in compliance with the regulations or competency evaluation requirements, the Department may withdraw approval. An approved CTSA does not meet the requirements for the facility to "adopt an approved training program," California Health and Safety Code (HSC), §1337.1. This clinical site approval expires with the program expiration date.

THE NATP and HHP SHALL:

- Not conduct any clinical training in the nursing facility prior to approval by the Department and nursing facility, California Code of Regulations, Title (22 CCR), §71835(h)(3).
- Be responsible for all students and provide staff for clinical training in its entirety, 22 CCR, §71835(c).
- Assure the students have completed the Medical History, Physical Exam, and PPD signed off by the Physician, Physician Assistant, or Nurse Practitioner prior to any direct patient care, 22 CCR, §71835(f).
- Upon enrollment in a training program for nurse assistant certification, and prior to direct contact with residents, a candidate for training shall submit a training & examination application & the fingerprint cards to the State Department to receive a criminal record review through the Department of Justice, HSC, §1338.5(2)(A).
- Develop and provide a clinical training schedule with the nursing facility (content, date, time, training instructor), and retain the records of training for 4 years 22 CCR, §71835(b).
- Comply with the nursing facility policies and State and Federal laws and regulations.
- Be responsible for any damage to supplies, material, and equipment in nursing facility during training.
- Not impede on residence living area, i.e. patient dining room, recreational area etc.

THE NATP SHALL:

- Verify all students complete the required sixteen (16) federal hours prior to any direct contact and clinical training, Title 42, Code of Federal Regulations (42 CFR), §483.152(b)(1).
- Provide a minimum of 100 hours of clinical training between the hours of 6:00 a.m. and 8:00 p.m., 22 CCR, §71835(g).
- Only train 15 or fewer students per instructor, 22 CCR, §71835(m)(1). No NATCEP loss per AEM 02/23/2024.

THE HHP SHALL:

- Provide 20 clinical hours for 40-hour HHP and 75 clinical hours for 120-hour HHP in a Department approved facility with emphasis on home care, 22 CCR, §74747(b) & (c).
- Provide personal care services by a registered nurse. Nutritionist, physical therapists, social workers & other health personnel may be involved in appropriate aspects of the training program, 22 CCR, §74747(d).

THE NURSING FACILITY SHALL:

- Allow the Agency to use the nursing facility for the clinical training according to agreed schedule.
- Not decrease facility staff because students are training in the facility and facility staff may not be used to proctor, shadow, or teach the training program students.
- Comply with all state and federal laws and regulations, 22 CCR, §71835(a).

By signing below, both parties agree with the terms listed above.

S-1443, S-1543, HHP-843

Name & Address of the Nursing Facility Brookside Skilled Nursing Hospital 2620 Flores St., San Mateo, CA 94403		F- 1 0 6 5	Name & Address of the NATP/HHP 1299 Bayshore Hwy., #200 Burlingame, CA 94010		S or HHP- 1 4 2 3
Nursing Facility Administrator Name (Print Name) Ms. Elsa Rodriguez		v	NATP/HHP Owner/Administrator Name (Print Name) Fe B. Borrillo, RN, BSN, DSD		
Nursing Facility Administrator (Signature) <i>Elsa Rodriguez</i>	Date 12/27/23	for	NATP/HHP Owner/Administrator (signature) <i>Fe B Borrillo</i>	Date 12/21/23	
Nursing Facility Director of Nursing (Print Name) Annmarie Charles		v	NATP/HHP Program Director, RN (Print Name) Ronaldo D. Deleon, RN		
Nursing Facility Director of Nursing (Signature) <i>A Charles</i>	Date 12/26/23		NATP/HHP Program Director, RN (Signature) <i>R Deleon</i>	Date 12/27/23	
Approved For: <input checked="" type="checkbox"/> NATP <input checked="" type="checkbox"/> HHP		Denied For: <input type="checkbox"/> NATP <input type="checkbox"/> HHP		Date: 02/23/24	TPRU Staff Initial: SV

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S-1443, S-1543, HHP-843

Admin.
verified per
call to
facility
02/23/2024

Name & Address of the Nursing Facility Burlingame Skilled Nursing 1100 Tausdale Dr., Burlingame, CA 94010 F0111		F- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Name & Address of the NATP/HHP 1299 Bayshore Hwy., Suite 200 Burlingame, CA 94010		S or HHP- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Nursing Facility Administrator Name (Print Name) Javed Edmunds		V		NATP/HHP Owner/Administrator Name (Print Name) Fe B. Borrillo, RN, BSN, DSD			
Nursing Facility Administrator (Signature) 		Date 12/20/23		NATP/HHP Owner/Administrator (signature) 		Date 12/27/23	
Nursing Facility Director of Nursing (Print Name) CHARLO HIPOLITO				NATP/HHP Program Director, RN (Print Name) Ronaldo D. Deleon, RN			
Nursing Facility Director of Nursing (Signature) 		Date 12/20/23		NATP/HHP Program Director, RN (Signature) 		Date 12/27/23	
Approved For: <input checked="" type="checkbox"/> NATP <input checked="" type="checkbox"/> HHP		Denied For: <input type="checkbox"/> NATP <input type="checkbox"/> HHP		Date: 02/23/24 TPRU Staff Initial: SV			

Approval expires on 02/28/2026

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S-1443, S-1543, HHP-843

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Nursing Facility Administrator Name (Print Name) Ms. Sharolyn Kriger		v	NATP/HHP Owner/Administrator Name (Print Name) Fe B. Borrillo, RN, BSN, DSD		
Nursing Facility Administrator (Signature) <i>Sharolyn Kriger</i>	Date 12/19/23		NATP/HHP Owner/Administrator (signature) <i>Fe B. Borrillo</i>	Date 12/27/23	
Nursing Facility Director of Nursing (Print Name) David Willis, RN			NATP/HHP Program Director, RN (Print Name) Ronaldo D. Deleon, RN		
Nursing Facility Director of Nursing (Signature) <i>David Willis RN, DON</i>	Date 12/19/23		NATP/HHP Program Director, RN (Signature) <i>Ronaldo D. Deleon</i>	Date 12/27/23	
Approved For: <input checked="" type="checkbox"/> NATP <input checked="" type="checkbox"/> HHP		Denied For: <input type="checkbox"/> NATP <input type="checkbox"/> HHP		Date: 02/23/24	TPRU Staff Initial: SV

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S-1443, S-15543, HHP-843

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Nursing Facility Administrator Name (Print Name) Almaroof Apatira		V	NATP/HHP Owner/Administrator Name (Print Name) Fe B. Borriilo, RN, BSN, DSD		
Nursing Facility Administrator (Signature) <i>Almaroof Apatira</i>	Date 12/18/23	V	NATP/HHP Owner/Administrator (signature) <i>Fe B. Borriilo</i>	Date 12/27/23	
Nursing Facility Director of Nursing (Print Name) Theresa Budino		V	NATP/HHP Program Director, RN (Print Name) Ronaldo D. Deleon, RN		
Nursing Facility Director of Nursing (Signature) <i>Theresa Budino</i>	Date 12/18/23	V	NATP/HHP Program Director, RN (Signature) <i>Ronaldo D. Deleon</i>	Date 12/27/23	
Approved For: <input checked="" type="checkbox"/> NATP <input checked="" type="checkbox"/> HHP		Denied For: <input type="checkbox"/> NATP <input type="checkbox"/> HHP		Date: 02/23/24	TPRU Staff Initial: SV

Received
07/18/2023

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
Training Program Review Unit (TPRU)
MS 3301, P.O. Box 997416
Sacramento, CA 95899-7416
Fax (916) 324-0901 TPRU@cdph.ca.gov

Request for Nurse Assistant Training Program (NATP) and/or Home Health Aide Program (HHP) Clinical Training Site Approval (CTSA)

NOTE: NATP clinical training is allowed in nursing facilities: Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF), ICF/Developmentally Disabled (ICF/DD) or ICF/DD-nursing. HHP clinical training is allowed in SNFs, ICFs, Home Health, Hospice and Acute Care Hospitals. If the Department finds that a Nurse Aide Training and Competency Evaluation Program is not in compliance with the regulations or competency evaluation requirements, the Department may withdraw approval. An approved CTSA does not meet the requirements for the facility to "adopt an approved training program," California Health and Safety Code (HSC), §1337.1. This clinical site approval expires with the program expiration date.

THE NATP and HHP SHALL:

- Not conduct any clinical training in the nursing facility prior to approval by the Department and nursing facility, California Code of Regulations, Title (22 CCR), §71835(h)(3).
- Be responsible for all students and provide staff for clinical training in its entirety, 22 CCR, §71835(o).
- Assure the students have completed the Medical History, Physical Exam, and PPD signed off by the Physician, Physician Assistant, or Nurse Practitioner prior to any direct patient care, 22 CCR, §71835(f).
- Upon enrollment in a training program for nurse assistant certification, and prior to direct contact with residents, a candidate for training shall submit a training & examination application & the fingerprint cards to the State Department to receive a criminal record review through the Department of Justice, HSC, §1338.5(2)(A).
- Develop and provide a clinical training schedule with the nursing facility (content, date, time, training instructor), and retain the records of training for 4 years 22 CCR, §71835(b).
- Comply with the nursing facility policies and State and Federal laws and regulations.
- Be responsible for any damage to supplies, material, and equipment in nursing facility during training.
- Not impede on residence living area, i.e. patient dining room, recreational area etc.

THE NATP SHALL:

- Verify all students complete the required sixteen (16) federal hours prior to any direct contact and clinical training, Title 42, Code of Federal Regulations (42 CFR), §483.152(b)(1).
- Provide a minimum of 100 hours of clinical training between the hours of 6:00 a.m. and 8:00 p.m., 22 CCR, §71835(g).
- Only train 15 or fewer students per instructor, 22 CCR, §71835(m)(1). No NATCEP loss per AEM 02/23/2024.

THE HHP SHALL:

- Provide 20 clinical hours for 40-hour HHP and 75 clinical hours for 120-hour HHP in a Department approved facility with emphasis on home care, 22 CCR, §74747(b) & (c).
- Provide personal care services by a registered nurse. Nutritionist, physical therapists, social workers & other health personnel may be involved in appropriate aspects of the training program, 22 CCR, §74747(d).

THE NURSING FACILITY SHALL:

- Allow the Agency to use the nursing facility for the clinical training according to agreed schedule.
- Not decrease facility staff because students are training in the facility and facility staff may not be used to proctor, shadow, or teach the training program students.
- Comply with all state and federal laws and regulations, 22 CCR, §71835(a). Approval Expires on 02/28/2026

S-1443, S-1543, HHP-843

By signing below, both parties agree with the terms listed above.

Name & Address of the Nursing Facility		F- 1 1 8 2		Name & Address of the NATP/HHP S or HHP- 1 4 2 3	
St. Francis Healthcare Center 718 Bartlett Ave Hayward CA 94541				Niles College 1299 Bayshore Hwy., #200, Burlingame, CA 94010	
Nursing Facility Administrator Name (Print Name)		v		NATP/HHP Owner/Administrator Name (Print Name)	
Mr. Matt Hadley				Fe B. Borrillo, RN, BSN, DSD	
Nursing Facility Administrator (Signature)	Date	NATP/HHP Owner/Administrator (signature)	Date		
<i>[Signature]</i>	7-11-23	<i>[Signature]</i>	7-5-23		
Nursing Facility Director of Nursing (Print Name)				NATP/HHP Program Director, RN (Print Name)	
CARLA VICENTE, RN				Ronaldo DeLeon, RN	
Nursing Facility Director of Nursing (Signature)	Date	NATP/HHP Program Director, RN (Signature)	Date		
<i>[Signature]</i>	7/11/23	<i>[Signature]</i>	7/5/23		
Approved For: <input checked="" type="checkbox"/> NATP <input checked="" type="checkbox"/> HHP		Denied For: <input type="checkbox"/> NATP <input type="checkbox"/> HHP		Date: 02/23/24 TPRU Staff Initial: SV	