**Licensed NurseCompetency Checklist for Caring for the Resident Environment**

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | **Evaluation****(Check One)** | **Method of Evaluation****(Check One)**D = Skills DemonstrationO = Performance ObservationW = Written TestV = Verbal Test | **Verification** **(Initials/Date)** |
| --- | --- | --- | --- |
| **Competency****Demonstrated/****Meets** **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Licensed Nurse** | Demonstrate an understanding of safe, clean, comfortable and homelike environment |  |  |  |  |  |  |  |
| Identify the items/areas to focus:* Environment protected from abuse
* Personal items within safety
* Sanitary, orderly, and comfortable interior
* Clean bed and bath linens in good condition
* Private closet and personal space
* Adequate and comfortable lighting in all areas
* Comfortable and safe temperature levels in range of 71 to 81°F
* Comfortable sound levels
* Clean and disinfected environment to prevent development and transmission of diseases
* Physical plant hazards
* Water temperatures safety
* Electrical safety
* Fire safety
* Resident call system
 |  |  |  |  |  |  |  |
| Demonstrate comprehensive assessment and interview for environmental preferences and routines |  |  |  |  |  |  |  |
| Describes residents’ rights and safety with resident room set up and personal items |  |  |  |  |  |  |  |
| Demonstrate Mental Status Evaluation that could potentiate a risk in environment to self and/or others |  |  |  |  |  |  |  |
| Demonstrate facility procedure for baseline and comprehensive person-centered care plan. |  |  |  |  |  |  |  |
| Demonstrate understanding of person-centered care planning. |  |  |  |  |  |  |  |
| Demonstrate concepts of therapeutic communication with identified risks and prevention |  |  |  |  |  |  |  |
| Demonstrate facility documentation standards for risks, accidents, change of condition, and hazards |  |  |  |  |  |  |  |
| Demonstrate policy and procedure for Abuse prevention |  |  |  |  |  |  |  |
| Demonstrate policy and procedure for sanitation, isolation, and infection control |  |  |  |  |  |  |  |
| Demonstrates facility process for identification of any equipment or building system failure or concerns |  |  |  |  |  |  |  |
| **Other (Describe)**  |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**References**

 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

LTC Survey Pathways (Download) CMS-20061 “Environmental Observations Care Critical Element Pathway”

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Initials Signature Date**

***(PLACE IN EMPLOYMENT FILE)***