**All Staff Caring for the Resident Environment Competency Checklist**

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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** |
| **All Staff**  | Discuss and Identify the areas/items of a safe, clean, comfortable, and homelike environment:* 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 an understanding of safe, clean, comfortable and homelike environment |  |  |  |  |  |  |  |
| Describe how brain changes affect the way a person with dementia functions and behaves with reference to safety and risks in the environment even with everyday objects. |  |  |  |  |  |  |  |
| Discuss importance of personalizing the environment in an uncluttered and safe manner |  |  |  |  |  |  |  |
| Discuss the characteristics of person-centered care. |  |  |  |  |  |  |  |
| Describe how knowing a person’s background, culture, and experiences can help provide person centered care. |  |  |  |  |  |  |  |
| Demonstrate how to obtain and to use information about the person’s personal history; personal, religious, and spiritual preferences; cultural and ethnic background in reference to their safe environment.  |  |  |  |  |  |  |  |
| Identify and support the feelings, preferences, routines, and wishes of the person whether verbalized or non-verbalized. |  |  |  |  |  |  |  |
| Discuss how a person’s environment may affect them. |  |  |  |  |  |  |  |
| Describes residents’ rights and safety with resident room set up and personal items |  |  |  |  |  |  |  |
| Verbalize understanding and need to minimize safety risks of a resident with dementia |  |  |  |  |  |  |  |
| Discuss why a resident may be more vulnerable to abuse and neglect. |  |  |  |  |  |  |  |
| Describe sanitation, isolation, and infection control of equipment, and physical environment |  |  |  |  |  |  |  |
| Demonstrates how the individualized care plan interventions help in homelike environment  |  |  |  |  |  |  |  |
| Identify helpful ways to communicate and listen to residents and family concerns fully to report appropriately |  |  |  |  |  |  |  |
| Demonstrate positive ways to talk with supervisors and co-workers to address differences and ideas about caregiving and what you believe may be best for the resident |  |  |  |  |  |  |  |
| Demonstrate facility documentation standards for safety, risks, hazards, and resident safety |  |  |  |  |  |  |  |
|  | Demonstrates facility process for identification of any equipment or building system failure or concerns |  |  |  |  |  |  |  |
|  | Demonstrate policy and procedure for Abuse prevention related to respecting resident environment |  |  |  |  |  |  |  |
| **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 Observation 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:**

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**Initials Signature Date**

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