**Nursing Assistant Competency Transition Care**

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

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = Verbal Test | | | | **Verification**  **(Initials/Date)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency**  **Demonstrated/**  **Meets**  **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Evaluator complete Nursing Assistant Competency Checklist-Transition of Care** | Able to define transition of care. |  |  |  |  |  |  |  |
| Demonstrates following care plan interventions |  |  |  |  |  |  |  |
| Able to identify 2 entities that may be involved in transition care/discharge planning |  |  |  |  |  |  |  |
| Demonstrates by following individualized resident care plan, interventions and goals |  |  |  |  |  |  |  |
| Verbalizes resident transition and/or discharge plan |  |  |  |  |  |  |  |
| Nursing Assistant demonstrates documentation responsibilities:   * Care Plan Interventions * Etc. |  |  |  |  |  |  |  |
| * Demonstrates identification and communication with the nurse regarding changes in resident |  |  |  |  |  |  |  |
| Identifies designated facility representative for transition/discharge care |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**\*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)***

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

**References**

Centers for Medicare and Medicaid Services (CMS) 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>

AMDA Clinical Practice Guideline: Transitions of Care in the Long-Term Care Continuum: [http://www.amda.com](http://www.amda.com/)