**Licensed Nurse and CNA Competency Checklist for Basic Nursing Skills**

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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** |
| **Observational Skills** | Discuss the important of observation. |  |  |  |  |  |  |  |
| Describe the various observation techniques:* See
* Feel
* Hear
* Smell
 |  |  |  |  |  |  |  |
| Identify observations to be made during resident care. |  |  |  |  |  |  |  |
| Describe how to report and record observations. |  |  |  |  |  |  |  |
| **Taking and recording vital signs** | Identify abbreviations of vital signs. |  |  |  |  |  |  |  |
| Identify the cause of body temperature fluctuations. |  |  |  |  |  |  |  |
|  | Identify the “normal” range or average body temperature. |  |  |  |  |  |  |  |
| Identify resident baseline temperature |  |  |  |  |  |  |  |
| Identify situations that may cause the thermometer reading to vary from “normal or baseline.” |  |  |  |  |  |  |  |
| Identify types of thermometers used in facility and situations in which they are used. |  |  |  |  |  |  |  |
| Demonstrate how to care for thermometers. |  |  |  |  |  |  |  |
| Demonstrate each method of checking temperature:* Oral
* Axillary
* Tympanic
* Rectal
* Temporal Artery
 |  |  |  |  |  |  |  |
| Demonstrate recording and reporting temperature measurements. |  |  |  |  |  |  |  |
|  | Identify the “normal” or average pulse rate.(Discuss resident baseline) |  |  |  |  |  |  |  |
| Identify variations from the “normal” pulse that should be reported:* Force (bounding, weak)
* Rate
* Rhythm
 |  |  |  |  |  |  |  |
| Demonstrate the accurate taking of a radial pulse. |  |  |  |  |  |  |  |
| Demonstrate how to record and report pulse measurements. |  |  |  |  |  |  |  |
| Identify the average respiratory rate.(Discuss resident baseline) |  |  |  |  |  |  |  |
| Describe and demonstrate how to measure respiratory rate. |  |  |  |  |  |  |  |
| Describe variations of respirations:* Rate
* Character
 |  |  |  |  |  |  |  |
|  | Demonstrate how to record and report the respiratory rate measurement. |  |  |  |  |  |  |  |
| Describe blood pressure. |  |  |  |  |  |  |  |
| Identify the “normal” or average blood pressure.(Discuss resident baseline) |  |  |  |  |  |  |  |
| Describe variations in blood pressure:* Hypertension
* Hypotension
* Postural hypotension
 |  |  |  |  |  |  |  |
| Identify instruments to check blood pressure:* Sphygmomanom-eter
* Stethoscope
* Electronic device
 |  |  |  |  |  |  |  |
| Demonstrate correct procedure for obtaining a blood pressure. |  |  |  |  |  |  |  |
| Demonstrate how to record and report blood pressure measurements. |  |  |  |  |  |  |  |
| **Measuring and recording height and weight** | Discuss why a resident’s weight is regularly measured and recorded. |  |  |  |  |  |  |  |
| Discuss obtaining and reviewing resident baseline weight |  |  |  |  |  |  |  |
| Describe and demonstrate how to weigh a resident accurately:* Balance scale
* Wheelchair scale
* Bed scale
* Lift scale
 |  |  |  |  |  |  |  |
| Describe and demonstrate how to measure and record a resident’s height accurately. |  |  |  |  |  |  |  |
| **Caring for residents’ environment** | Describe ways to optimize the environment to encourage the visually impaired resident’s independence and to promote safety. |  |  |  |  |  |  |  |
| Describe ways to optimize the environment for residents who independently use devices (i.e., w/c, walkers, etc.) |  |  |  |  |  |  |  |
| Demonstrate ways to enhance communication with a hearing-impaired person. |  |  |  |  |  |  |  |
| Describe potentially harmful actions to prevent injury to a resident with impaired sense of touch.* Heat
* Cold
* Sharp objects
* Pressure
 |  |  |  |  |  |  |  |
| Identify measures to keep the resident’s environment comfortable. |  |  |  |  |  |  |  |
| Identify measures necessary to maintain a safe and sanitary room and unit. |  |  |  |  |  |  |  |
| **Reporting abnormal changes in body functioning and the importance of reporting such changes to a supervisor** | Describe changes in vision that may sometimes happen with aging. |  |  |  |  |  |  |  |
| Describe how the CNA can recognize that a resident has impaired vision. |  |  |  |  |  |  |  |
| Name diseases that may cause visual impairment. |  |  |  |  |  |  |  |
| Describe ways to care for the visually impaired resident. |  |  |  |  |  |  |  |
| Describe changes or alterations in hearing that may accompany aging. |  |  |  |  |  |  |  |
| Identify warning signs of hearing impairment. |  |  |  |  |  |  |  |
| Demonstrate ways to enhance communication with a hearing-impaired person. |  |  |  |  |  |  |  |
| Discuss the use of hearing aids. |  |  |  |  |  |  |  |
| Demonstrate the care of hearing aids.* Hygiene
* Battery changing
* Storage
* Integrity of device
 |  |  |  |  |  |  |  |
| Describe actions to help prevent injury to the resident with impaired sense of touch. |  |  |  |  |  |  |  |
| Describe changes in behavior that may follow loss of the senses of taste and smell. |  |  |  |  |  |  |  |
| Describe ways to assist the resident who has experienced a loss of taste and smell. |  |  |  |  |  |  |  |
| Describe how aging may affect gastrointestinal function. |  |  |  |  |  |  |  |
| Describe the special needs of a resident with a digestive disorder:* Special diet
* Mechanically altered food and/or fluids
* Supplemental feedings
* Sufficient time to eat
* Monitor weight
* Elevate head of bed
* Sitting posture
* Monitor fluid intake
 |  |  |  |  |  |  |  |
| Identify descriptions of reproductive system disorders:* Vaginitis
* Prolapse
* Benign prostatic hypertrophy (BPH)
 |  |  |  |  |  |  |  |
| Describe changes of aging that affect the musculoskeletal system. |  |  |  |  |  |  |  |
| Describe the posture most commonly found among the frail elderly. |  |  |  |  |  |  |  |
| Identify measures the CNA can take to assist the resident with musculoskeletal diseases or problems. |  |  |  |  |  |  |  |
| Describe the aging changes, and care needs related to the cardiovascular system. |  |  |  |  |  |  |  |
| Describe the aging changes, and care needs related to the respiratory system. |  |  |  |  |  |  |  |
| Describe the aging changes, and care needs related to the endocrine system. |  |  |  |  |  |  |  |
| Describe the aging changes, and care needs related to the urinary system. |  |  |  |  |  |  |  |
| Describe the aging changes, and care needs related to the nervous system. |  |  |  |  |  |  |  |
| **Bed-making Techniques and Comfort Measures** | Demonstrate bed making:* Unoccupied, closed
* Unoccupied, open
* Occupied
 |  |  |  |  |  |  |  |
| **Admission and Discharge** | Identify feelings the resident and family may have at the time of admission. |  |  |  |  |  |  |  |
| Identify actions the CNA may take to assist the resident during admission |  |  |  |  |  |  |  |
| Identify feelings the resident may have when discharged. |  |  |  |  |  |  |  |
| Identify actions the CNA may take to assist resident during discharge. |  |  |  |  |  |  |  |
| **Mealtime** | Discuss measures to promote a positive atmosphere at mealtime. |  |  |  |  |  |  |  |
| Identify adaptive devices for eating and techniques that may be used to help the resident maintain independence. |  |  |  |  |  |  |  |
| Demonstrate techniques and approaches for residents who need assistance with meals. |  |  |  |  |  |  |  |
| Describe and identify signs and symptoms of dysphagia/swallowing deficits. |  |  |  |  |  |  |  |
| Describe and demonstrate actions a CNA can take to reduce the potential for aspiration for those at risk. |  |  |  |  |  |  |  |
| State how to identify and intervene with a choking victim.* Verbalize Abdominal thrust
 |  |  |  |  |  |  |  |
| **Assisting with eating and hydration****Proper feeding techniques****Nutrition and Fluid Needs** | Discuss factors that could potentially affect the nutritional status of the resident. |  |  |  |  |  |  |  |
| Name examples of a modified diet:* Salt, Sodium (NA) restriction
* Diabetic
* Mechanically altered diets
* Thickened liquids
 |  |  |  |  |  |  |  |
| Identify the CNA’s responsibility for residents who require a therapeutic diet. |  |  |  |  |  |  |  |
| Describe the role of Food and Nutrition Services staff in providing nutrition for the resident. |  |  |  |  |  |  |  |
| Discuss the importance of adequate hydration. |  |  |  |  |  |  |  |
| Describe methods to encourage fluid intake. |  |  |  |  |  |  |  |
|  | Discuss and demonstrate the CNA’s responsibility for care of tube-fed residents. |  |  |  |  |  |  |  |
| Describe IV therapy and demonstrate the CNA’s responsibility in caring for residents with IV therapy. |  |  |  |  |  |  |  |
| **Bathing** | Discuss factors and considerations that could affect a resident’s hygiene needs and practices. |  |  |  |  |  |  |  |
| Identify the purposes of bathing:* Hygiene: Cleans the skin
* Eliminates odors
* Refreshing and relaxing
* Stimulates circulation
* Exercises body parts
 |  |  |  |  |  |  |  |
| Identify general guidelines to follow when bathing the resident including measures for dignity, privacy, and safety.* During preparation
* During transport
* During bathing
 |  |  |  |  |  |  |  |
| Identify actions that promote comfort for the resident while being bathed. |  |  |  |  |  |  |  |
| Demonstrate perineal care:* Female
* Male
 |  |  |  |  |  |  |  |
| Demonstrate operation of shower, tub, and whirlpool equipment. |  |  |  |  |  |  |  |
| Verbalizes proper use and securing of all soaps, shampoos and chemicals |  |  |  |  |  |  |  |
| Demonstrate performance of:* Shower
* Tub/Whirlpool bath
* Bed bath
 |  |  |  |  |  |  |  |
| **Grooming** | Demonstrate hair care:* Combing/Brushing
* Shampoo
 |  |  |  |  |  |  |  |
| Demonstrate beard care:* Shaving/Trimming
* Safety with electric razors
* Combing/Brushing
* Shampoo
 |  |  |  |  |  |  |  |
| Demonstrate nail care:* Fingernails only
* Facility policy for nail care for diabetic residents
 |  |  |  |  |  |  |  |
| **Mouth care** | Discuss purposes for performing oral hygiene. |  |  |  |  |  |  |  |
| Discuss general practices for oral hygiene:* Brushing
* Inspection
* Labeling/storage
 |  |  |  |  |  |  |  |
| Demonstrate the correct method for brushing a resident’s teeth. |  |  |  |  |  |  |  |
| Demonstrate how to safely care for the resident’s dentures. |  |  |  |  |  |  |  |
| Describe and demonstrate safe mouth care for the unconscious resident and those who cannot take food orally. |  |  |  |  |  |  |  |
| **Dressing** | Demonstrate dressing and undressing a resident. |  |  |  |  |  |  |  |
| Identify assistive devices and clothing adaptations that may be used in dressing/undressing a resident. |  |  |  |  |  |  |  |
| **Urinary Elimination/Catheters** | Describe the function of the kidneys, ureters, urethra, and bladder |  |  |  |  |  |  |  |
| Describe how the urinary function may change with aging. |  |  |  |  |  |  |  |
| Define terms:* Urine
* Urinate
* Void
 |  |  |  |  |  |  |  |
| Describe normal and abnormal appearance of urine and when to notify nurse |  |  |  |  |  |  |  |
| Identify signs and symptoms of urinary tract infections (UTIs). |  |  |  |  |  |  |  |
| Identify actions the CNA may take to decrease the incidence of UTIs. |  |  |  |  |  |  |  |
| Identify possible causes of urinary incontinence. |  |  |  |  |  |  |  |
| Describe measures to prevent incontinence. |  |  |  |  |  |  |  |
| Demonstrate measures to provide skin care and comfort for the incontinent resident. |  |  |  |  |  |  |  |
| Describe:* Indwelling urinary catheter
* External urinary catheter
* Closed drainage system
 |  |  |  |  |  |  |  |
| Identify actions CNA may take to prevent complications from an indwelling urinary catheter. |  |  |  |  |  |  |  |
| Identify observations CNA should report about the catheterized resident. |  |  |  |  |  |  |  |
| **Toileting** | Demonstrate correct procedure for assisting a resident with a:* Bed pan
* Fracture pan
* Urinal
* Bedside commode
* Toilet
 |  |  |  |  |  |  |  |
| Describes how to complete a bowel and bladder diary |  |  |  |  |  |  |  |
| Describes how to follow an individualized toileting program |  |  |  |  |  |  |  |
| **Intake and Output** | Discuss what is meant by fluid balance, fluid imbalance, and the effects of aging on fluid balance. |  |  |  |  |  |  |  |
| Identify what is meant by the terms:* I & O
* Encourage fluids
* Restrict fluids
* NPO
 |  |  |  |  |  |  |  |
| Identify the reasons for measuring I & O. |  |  |  |  |  |  |  |
| Demonstrate the procedure for measuring and recording fluid intake. |  |  |  |  |  |  |  |
| Demonstrate the procedure for measuring and recording fluid output. |  |  |  |  |  |  |  |
| **Bowel Elimination** | Discuss the structure and function of the lower intestinal tract. |  |  |  |  |  |  |  |
| Identify terms:* Stool
* Feces
* Bowel movement (BM)
 |  |  |  |  |  |  |  |
| Describe “normal” and “abnormal” BMs:* Color
* Form
* Frequency
 |  |  |  |  |  |  |  |
| Discuss effects of aging on function of the lower intestinal tract. |  |  |  |  |  |  |  |
| Identify signs of constipation. |  |  |  |  |  |  |  |
| Identify measures that may be part of a resident’s care in order to prevent or relieve constipation. |  |  |  |  |  |  |  |
| Identify what is meant by fecal impaction. |  |  |  |  |  |  |  |
| Identify signs and symptoms that may indicate a resident has a fecal impaction. |  |  |  |  |  |  |  |
| Identify causes of fecal impactions. |  |  |  |  |  |  |  |
| Identify the role of the CNA in promoting normal bowel function. |  |  |  |  |  |  |  |
| Demonstrate care for the resident who is incontinent of BM |  |  |  |  |  |  |  |
| Demonstrate how to record and to report changes in bowel elimination. |  |  |  |  |  |  |  |
| **Skin care** | Discuss factors that could put residents at risk for skin problems. |  |  |  |  |  |  |  |
| Describe the signs and symptoms of skin problems. |  |  |  |  |  |  |  |
| Identify body locations that are prone to skin breakdown. |  |  |  |  |  |  |  |
| Discuss cause and prevention of skin tears. |  |  |  |  |  |  |  |
| Discuss ways to prevent skin breakdown. |  |  |  |  |  |  |  |
| Describe nursing measures to provide skin care for the incontinent resident. |  |  |  |  |  |  |  |
| Demonstrate how to record and record changes in skin condition. |  |  |  |  |  |  |  |
| **Transfers, positioning, and turning** | Define and discuss ergonomics as it applies to the CNA. |  |  |  |  |  |  |  |
| Define body mechanics. |  |  |  |  |  |  |  |
| Identify and demonstrate the rules of good body mechanics. |  |  |  |  |  |  |  |
| Demonstrate general principles for lifting and moving residents.* Assisting to a sitting position.
* Bed mobility
* Transfer from bed/chair to bed/chair
* Transfer to/from bed/stretcher
* When to use mechanical lift devices
 |  |  |  |  |  |  |  |
| Describe correct body alignment and why it is important. |  |  |  |  |  |  |  |
| Demonstrate correct body alignment:* Supine (face up)
* Prone (face down)
* Lateral (side-lying)
* Fowlers (sitting in bed or recliner)
* Sitting position in chair
 |  |  |  |  |  |  |  |
| Identify the safety precautions involved in the use of wheelchairs and geriatric chairs. |  |  |  |  |  |  |  |
| Describe the types and purposes of lifts:* Manual or hydraulic
* Electric
 |  |  |  |  |  |  |  |
| Demonstrate safety precautions involved in the operation of lifts to move residents.(Demonstrates how to use each type of lift used in the facility) |  |  |  |  |  |  |  |
| **Other (Describe)**  |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |
| **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) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

Centers for Medicare & Medicaid Services. Sufficient and Competent Nurse Staffing Review, CMS-20062, 10/2022:  <https://www.cms.gov/files/zip/ce-pathways.zip>

Centers for Medicare & Medicaid Services. CMS Staff Competency Toolkit: [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cms.gov_Medicare_Provider-2DEnrollment-2Dand-2DCertification_SurveyCertificationGenInfo_LTC-2DCMP-2DReinvestment.html&d=DwQFAg&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=z2935PWnInh601eYke6LdAuKQhc517TCaz4LV7dNch0&s=3bmTMfcqB7YZ3gUjBcM8w8dGPSQqzXXR4xEv7uuT8vY&e=)

**\*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**

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