**Licensed NurseCompetency Checklist for Dementia Care**

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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 understanding of common disease processes associated with Alzheimer’s Disease and other dementias. |  |  |  |  |  |  |  |
| Identify the primary causes of dementia:* Alzheimer’s disease
* Vascular disease
* Lewy body disease
* Frontotemporal disorders
* Parkinson’s disease
 |  |  |  |  |  |  |  |
| Discuss the definition and significance of delirium. |  |  |  |  |  |  |  |
| Demonstrate Mental Status Evaluation. |  |  |  |  |  |  |  |
| Demonstrate understanding of deviations from resident’s baseline mental status. |  |  |  |  |  |  |  |
| Demonstrate evaluation of medical causes of new or worsening behavioral symptoms. |  |  |  |  |  |  |  |
| Demonstrate understanding of psychotropic medication management. |  |  |  |  |  |  |  |
| Demonstrate understanding of non-pharmacologic behavioral interventions, including activities and therapeutic recreation. |  |  |  |  |  |  |  |
| Demonstrate facility procedure for baseline and comprehensive person-centered care plan. |  |  |  |  |  |  |  |
| Demonstrate understanding of person-centered care planning. |  |  |  |  |  |  |  |
| Demonstrate concepts of therapeutic communication with residents with dementia. |  |  |  |  |  |  |  |
| Verbalizes oversight and support for CNAs with dementia care |  |  |  |  |  |  |  |
| Demonstrate facility documentation standards for behavioral health conditions.  |  |  |  |  |  |  |  |
| Demonstrate accurate completion of MDS 3.0:* Section C. Cognitive Patterns
* Section D. Mood
* Section E. Behavior
* Section F. Activities
* Section G ADLs
 |  |  |  |  |  |  |  |
| Demonstrate critical thinking in completion of Care Area Assessments – Psychosocial Well-Being, Mood State, Behavioral Symptoms, Activities, and ADLs |  |  |  |  |  |  |  |
| Verbalizes nutrition and hydration considerations for residents with dementia |  |  |  |  |  |  |  |
| Verbalizes recognition and management strategies for pain in a resident with dementia |  |  |  |  |  |  |  |
| Verbalizes safety and accident prevention strategies for a resident with dementia:* Falls
* Wandering
* Elopement
* Chemicals and other hazards
 |  |  |  |  |  |  |  |
| **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>

LTC Survey Pathways (Download) CMS-20067 “Dementia 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)***

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