**CNA Dementia Care Competency Checklist**

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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** |
| **CNAs** | Identify the following:   * Alzheimer’s disease * Vascular disease * Lewy body disease * Frontotemporal disorders * Parkinson’s disease |  |  |  |  |  |  |  |
| Discuss the definition and significance of delirium. |  |  |  |  |  |  |  |
| Describe ways the brain changes that can affect the way a person with dementia may function or behaves. |  |  |  |  |  |  |  |
| Discuss why it is important to personalize the care provided to someone with dementia. |  |  |  |  |  |  |  |
| Define person-centered care. |  |  |  |  |  |  |  |
| Describe the importance of following the person-centered care plan |  |  |  |  |  |  |  |
| Describe care practices that help the person with dementia be comfortable and secure. |  |  |  |  |  |  |  |
| Describe care practices that help the person with a good quality of life with dementia |  |  |  |  |  |  |  |
| Describe how knowing a person’s background, culture, and experiences can help provide person centered care. |  |  |  |  |  |  |  |
| Describe why history, background and preferences, and culture are important for the care of a resident with dementia |  |  |  |  |  |  |  |
| Demonstrate provision of physical care consistent with the care needs, allowing resident to do as much as they can for themselves. |  |  |  |  |  |  |  |
| Demonstrate safe care practices in the care of the person with dementia. |  |  |  |  |  |  |  |
| Demonstrate consideration of the resident’s interests and choices |  |  |  |  |  |  |  |
| Demonstrate how to follow the care plan to use information about the resident’s history; personal, religious, and spiritual preferences; cultural and ethnic background. |  |  |  |  |  |  |  |
| Identify and support the feelings of the person with dementia whether verbalized or non-verbalized. |  |  |  |  |  |  |  |
| Demonstrate effective listening and communication techniques with someone who has dementia. |  |  |  |  |  |  |  |
| Discuss how a person’s environment may affect them. |  |  |  |  |  |  |  |
| Discuss why a person with dementia may be more vulnerable to abuse and neglect. |  |  |  |  |  |  |  |
| Discuss the concept that all behavior has meaning and is a form of communication, possibly reflecting emotions or unmet needs. |  |  |  |  |  |  |  |
| Describe helpful responses to behaviors that may place the resident or others at risk for physical illness or injury, interfere with care, intrude on privacy, and/or disrupt the living environment. |  |  |  |  |  |  |  |
| Demonstrate inclusion of the resident’s family as part of the caregiving team. |  |  |  |  |  |  |  |
| Identify helpful ways to prevent and cope with caregiver stress and burnout. |  |  |  |  |  |  |  |
|  | Identify strategies to cope with grief and loss. |  |  |  |  |  |  |  |
| Discuss strategies to communicate suggestions for approaches with care to the nurse. |  |  |  |  |  |  |  |
| Demonstrate facility documentation standards for behavioral health conditions. |  |  |  |  |  |  |  |
| **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>

“Knowledge and Skills Needed for Dementia Care: A Guide for Direct Care Workers in Everyday Language” (Download)

<http://www.nasuad.org/hcbs/article/knowledge-and-skills-needed-dementia-care-guide-direct-care-workers-everyday-language>

**\*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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