**All Staff Person-Centered Care 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** |
| **Interdisciplinary Team** | Verbalizes description of Person-Centered Care and their respective roles and responsibilities related to person-centered approaches, care and service delivery for residents: * Goals
* Dignity
* Preferences
* Choices
* Values
* Beliefs
* Routines
* Culture
* Trauma Informed Care
* Homelike environment
* Visitation
* Other
 |  |  |  |  |  |  |  |
| Demonstrates competency for interview with resident/family to determine goals, needs, wants, culture, preferences |  |  |  |  |  |  |  |
| Demonstrates competency with timely completion of the Baseline Care Plan utilizing person-centered approaches  |  |  |  |  |  |  |  |
| Resident/family is included in baseline care plan and person-centered comprehensive care plan development |  |  |  |  |  |  |  |
| Demonstrates competency with timely completion of the person-centered Comprehensive Care Plan processes utilizing person-centered approaches* Goals
* Dignity
* Preferences
* Choices
* Values
* Beliefs
* Routines
* Culture
* Trauma Informed Care
* Homelike environment
* Visitation
* Other
 |  |  |  |  |  |  |  |
| Documents needs and preferences into medical record |  |  |  |  |  |  |  |
| Informs all staff about resident needs and preferences |  |  |  |  |  |  |  |
| Demonstrates inclusion of the resident/resident representative in the development of the comprehensive care plan  |  |  |  |  |  |  |  |
| **Interdisciplinary Team & All staff** | Demonstrates that Resident & Staff are informed of the Baseline Care Plan & summary is provided |  |  |  |  |  |  |  |
| Resident preferences are followed during interactions and with providing care |  |  |  |  |  |  |  |
| Demonstrates Resident preferences are followed when placing belongings |  |  |  |  |  |  |  |
| Demonstrates competency with resident interviews to ensure needs and preferences are consistently met |  |  |  |  |  |  |  |
| Describes how Resident is provided with information on risks/benefits with refusal of treatments, plan or procedures |  |  |  |  |  |  |  |
| Resident preferences are observed to be followed by all staff |  |  |  |  |  |  |  |
| Meals are planned & served properly and preferences, cultural food requirements/needs, likes, and dislikes are followed |  |  |  |  |  |  |  |
| Verbalizes process for education with resident/family regarding grievances and ways to express concerns |  |  |  |  |  |  |  |
| Educate all staff regarding reporting resident concerns and grievances following the facility grievance policies |  |  |  |  |  |  |  |
| **All Staff** | All staff are able to verbalize the description of Person-Centered Care and their respective roles and responsibilities related to person-centered approaches, care and service delivery for residents: * Preferences
* Choices
* Values
* Beliefs
* Routines
* Culture
* Trauma Informed Care
* Homelike environment
* Visitation

Other |  |  |  |  |  |  |  |
| Demonstrates Resident response to approaches is documented |  |  |  |  |  |  |  |
| **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)***

**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>