**Agency Licensed Nurse Competency Checklist – Section GG Coding**

*State logo added here. If not, delete text box*

*State logo added here. If not, delete text box*

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

| **Skill Area** | | **Evaluation** | | **Method of Evaluation**  D = Skills Demonstration  O = Performance Observation | | **Recommendations** |
| --- | --- | --- | --- | --- | --- | --- |
| **Competency** | **Needs Additional Training** |
| **D** | **O** |  |
| **Competency** | Demonstrates computer log-in  User ID and password |  |  |  |  |  |
| Reviewed and signed agency orientation packet |  |  |  |  |  |
| Identifies the residents assigned to complete section GG |  |  |  |  |  |
| States the frequency of section GG coding based on current policy.   * Day shift * Evening shift * Night shift |  |  |  |  |  |
| Records self-care tasks in electronic or paper documentation each time a task is completed.  **Example: Eating (records after each meal)** |  |  |  |  |  |
| Lists the self-care categories |  |  |  |  |  |
| Lists the mobility categories |  |  |  |  |  |
| Checks dashboard to ensure nursing assistants have completed charting |  |  |  |  |  |
| Identifies the devices that the resident utilized for mobility |  |  |  |  |  |
| Relate the facility process to correct coding errors in section GG |  |  |  |  |  |
| State the appropriate code when a resident is transferred via full body mechanical lift. |  |  |  |  |  |
| Relates the facility process to correct coding errors in section GG |  |  |  |  |  |
| Describes two reasons section GG must be accurate and completed on the days assigned. |  |  |  |  |  |
| Describes two reasons section GG must be accurate and completed on the days assigned. |  |  |  |  |  |
|  | Demonstrated ability to access therapy notes, assessments and plan of care. |  |  |  |  |  |
|  |  |  |  |  |  |  |

**References and Resources**

Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities. <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

Centers for Medicare & Medicaid Services. Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual. Version 1.18.11, October 2023: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Initials Signature Date**

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