

## Competency - Nursing Services and All Staff

**Staff Competency is reflected in multiple areas of the Requirements of Participation**

### **F726 §483.35 Nursing Services**

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.

§483.35(c) Proficiency of nurse aides.

The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

### **INTENT §483.35(a)(3)-(4),(c)**

To assure that all nursing staff possess the competencies and skill sets necessary to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental and psychosocial well-being.

### **DEFINITIONS §483.35**

**"Competency"** is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

### **GUIDANCE §483.35(a)(3)-(4),(c)**

All nursing staff must also meet the specific competency requirements as part of their license and certification requirements defined under State law or regulations. Many factors must be considered when determining whether or not facility staff have the specific competencies and skill sets necessary to care for residents' needs, as identified through the facility assessment, resident-specific assessments, and described in their plan of care. A staff competency deficiency under this requirement may or may not be directly related to an adverse outcome to a resident's care or services. It may also include the **potential** for physical and psychosocial harm.

As required under F838, §483.70(e), the facility's assessment must address/include an evaluation of staff competencies that are necessary to provide the level and types of care needed for the resident population. Additionally, staff are expected to demonstrate competency with the activities listed in the training requirements per §483.95, such as preventing and reporting abuse, neglect, and exploitation, dementia management, and infection control. Also, nurse aides are expected to demonstrate competency with the activities and components that are required to be part of an approved nurse aide training and competency evaluation program, per §483.152.

Competency in skills and techniques necessary to care for residents' needs includes but is not limited to competencies in areas such as;

- Resident Rights;
- Person centered care;
- Communication;
- Basic nursing skills;
- Basic restorative services;
- Skin and wound care;
- Medication management;
- Pain management;
- Infection control;
- Identification of changes in condition;
- Cultural competency.

### **Staff Competencies in Identifying Changes in Condition**

A key component of competency is a nurse's (CNA, LPN, RN) ability to identify and address a resident's change in condition. Facility staff should be aware of each resident's current health status and regular activity, and be able to promptly identify changes that may indicate a change in health status. Once identified, staff should demonstrate effective actions to address a change in condition, which may vary depending on the staff who is involved. For example, a CNA who identifies a change in condition may document the change on a short form and report it to the RN manager. Whereas an RN who is informed of a change in condition may conduct an in-depth assessment, and then call the attending practitioner.

These competencies are critical in order to identify potential issues early, so interventions can be applied to prevent a condition from worsening or becoming acute. Without these competencies, residents may experience a decline in health status, function, or need to be transferred to a hospital. Not all conditions, declines of health status, or hospitalizations are preventable.

### **Cultural Competencies**

Cultural competencies help staff communicate effectively with residents and their families and help provide care that is appropriate to the culture and the individual. The term cultural competence (also known as cultural responsiveness, cultural awareness, and cultural

sensitivity) refers to a person's ability to interact effectively with persons of cultures different from his/her own. With regard to health care, cultural competence is a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with individuals of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the individual.

### **Demonstration of Competency**

Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.

Examples for evaluating competencies may include but are not limited to:

- Lecture with return demonstration for physical activities;
- A pre- and post-test for documentation issues;
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
- Reviewing adverse events that occurred as an indication of gaps in competency; or
- Demonstrated ability to perform activities that is in the scope of practice an individual is licensed or certified to perform.

Nursing leadership with input from the Medical Director should delineate the competencies required for all nursing staff to deliver, individualize, and provide safe care for the facility's residents. There should also be a process to evaluate staff skill levels, and to develop individualized competency-based training, that ensure resident safety and quality of care and service being delivered. A competency-based program might include the following elements:

- a. Evaluates current staff training programming to ensure nursing competencies (e.g. skills fairs, training topics, return demonstration).
- b. Identifies gaps in education that is contributing to poor outcomes (e.g. potentially preventable re-hospitalization) and recommends educational programming to address these gaps.
- c. Outlines what education is needed based on the resident population (e.g. geriatric assessment, mental health needs) with delineation of licensed nursing staff verses non-licensed nursing and other staff member of the facility.
- d. Delineates what specific training is needed based on the facility assessment (e.g. ventilator, IV's, trachs).
- e. Details the tracking system or mechanism in place to ensure that the competency-based staffing model is assessing, planning, implementing, and evaluating effectiveness of training.
- f. Ensures that competency-based training is not limited to online computer based but should also test for critical thinking skills as well as the ability to manage care in complex environments with multiple interruptions.

## Competency Cross Reference F Tags

**F607 §483.12(b)** The facility must develop and implement written policies and procedures that:  
Effective November 28, 2017

**§483.12(b)(1)** Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,

**F657 §483.21(b) Comprehensive Care Plans**

*F726 (competency and skills to identify and address a change in condition)*

**F684 § 483.25 Quality of care**

*F726 (competency and skills to identify and address a change in condition)*

**F689 §483.25(d) Accidents.**

The facility must ensure that –

§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

**F694 § 483.25(h) Parenteral Fluids.**

Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.

**F695 §483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.**

The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart

**F698 §483.25(l) Dialysis.**

The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences

**F 725 § 483.35(a) Sufficient Staff**

§ 483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- (i) Except when waived under paragraph (e) of this section, licensed nurses; and
- (ii) Other nursing personnel, including but not limited to nurse aides

§ 483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

§ 483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

§ 483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.

**F728 §483.35(d) Requirement for facility hiring and use of nurse aides-**

**F729 §483.35(d)(4) Registry verification.**

**F730 §483.35(d)(7) Regular in-service education.**

The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. *In-service training must comply with the requirements of §483.95(g)*

**F741 §483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:**  
**§483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3).**

**F755 §483.45 Pharmacy Services**

The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

**F826 §483.65(b) Qualifications**

Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

**F835 § 483.70 Administration**

The facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

**F838 §483.70(e) Facility assessment.**

**§483.80(f) Annual review. Infection Control**

The facility will conduct an annual review of its IPCP and update their program, as necessary.

**§483.95 Training Requirements**

- F940 {PHASE-3} Training Requirements -General
- F941 {PHASE-3} Communication Training
- F942 {PHASE-3} Resident's Rights Training
- F943 Abuse, Neglect, and Exploitation Training
- F944 {PHASE-3} QAPI Training
- F945 {PHASE-3} Infection Control Training
- F946 {PHASE-3} Compliance and Ethics Training
- F947 Required In-Service Training for Nurse Aides
- F948 Training for Feeding Assistants
- F949 {PHASE-3} Behavioral Health Training

**Intent of Competency Evaluations**

The intent of the regulations is to assure that all nursing staff possess the competencies and skill sets necessary to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental and psychosocial well-being. In addition that all staff have the competencies to promote the health, safety and welfare of all residents in accordance to standards of practice and resident care needs.



## Suggested Checklist: Competency – Nursing Services and All Staff

Regulation	Recommended Actions
<p><b>F 726 § 483.35 Nursing Services</b></p> <p>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of facility's resident population in accordance with the facility assessment required at § 483.70(e).</p> <p>( c ) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care;</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review, revise and implement the Nursing Services Policy and Procedures in accordance with the new RoP, definitions and competency requirements as indicated.</li> <li><input type="checkbox"/> Include the core competencies as indicated in the interpretive guidance, including but not limited to:</li> <li><input type="checkbox"/> Competency in skills and techniques necessary to care for residents' needs includes but is not limited to competencies in areas such as; <ul style="list-style-type: none"> <li>• Resident Rights;</li> <li>• Person centered care;</li> <li>• Communication;</li> <li>• Basic nursing skills;</li> <li>• Basic restorative services;</li> <li>• Skin and wound care;</li> <li>• Medication management;</li> <li>• Pain management;</li> <li>• Infection control;</li> <li>• Identification of changes in condition;</li> <li>• Cultural competency.</li> </ul> </li> <li><input type="checkbox"/> Evaluate the facility training program to assure it aligns with the new interpretive guidelines and includes the core competencies, clinical system competencies, facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</li> </ul>



Regulation	Recommended Actions
	<ul style="list-style-type: none"><li><input type="checkbox"/> Design training programs based upon resident population needs, facility assessment evaluation, incorporate into orientation program</li><li><input type="checkbox"/> Specific elements and criteria in a facility training plan recommended to include, but not limited to:<ul style="list-style-type: none"><li>• Evidenced based practice</li><li>• Standards of practice</li><li>• Regulatory requirements (federal, state, and local)</li><li>• Scope of practice</li><li>• Specialty program requirements</li><li>• Facility policies and procedures</li><li>• Facility expectations</li><li>• Facility assessment results</li><li>• Staff learning needs and competencies</li><li>• Past training needs</li><li>• Other areas determined by operational, clinical, and organization needs</li></ul></li><li><input type="checkbox"/> Ensure that the nursing services competency policy contains provisions to evaluate compliance with appropriate competencies and skills sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident</li></ul>
<b>F607 §483.12(b) The facility must develop and implement written policies and procedures that:</b> <b>Effective November 28, 2017</b> <b>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</b> <i>Guidance Description</i>	<ul style="list-style-type: none"><li><input type="checkbox"/> Review facility policy and procedure related to abuse prevention. Include facility process for verification of staff knowledge and competency related to abuse prevention – identification, safety, reporting, response, protection, etc.</li></ul>



Regulation	Recommended Actions
<p>The facility can then determine whether – in consideration of current staffing patterns, staff qualifications, competency and knowledge, clinical resources, physical environment, and equipment- it can safely and competently provide the necessary care to meet the resident’s needs.</p>	<p><input type="checkbox"/> Review and revise facility orientation process for staff and contractual staff, vendors and volunteers as it relates to abuse prevention and competency - demonstration of competencies – ability to use and integrate their knowledge</p>
<p><b>F657 §483.21(b) Comprehensive Care Plans</b> F726 (competency and skills to identify and address a change in condition)</p> <p><b>F684 § 483.25 Quality of care</b> F726 (competency and skills to identify and address a change in condition)</p>	<p><input type="checkbox"/> Review, revise and implement the Nursing Services Policy and Procedures in accordance with the new RoP, definitions and competency requirements as indicated.</p> <p><input type="checkbox"/> Include the core competencies as indicated in the interpretive guidance, including but not limited to:</p> <p><input type="checkbox"/> Competency in skills and techniques necessary to care for residents’ needs includes but is not limited to competencies in areas such as;</p> <ul style="list-style-type: none"> <li>• Resident Rights;</li> <li>• Person centered care;</li> <li>• Communication;</li> <li>• Basic nursing skills;</li> <li>• Basic restorative services;</li> <li>• Skin and wound care;</li> <li>• Medication management;</li> <li>• Pain management;</li> <li>• Infection control;</li> <li>• Identification of changes in condition;</li> <li>• Cultural competency.</li> </ul> <p><input type="checkbox"/> Evaluate the facility training program to assure it aligns with the new interpretive guidelines and includes the core competencies, clinical system competencies, facility specific competencies and demonstration of</p>

Regulation	Recommended Actions
	<p>competencies – ability to use and integrate their knowledge</p> <p><input type="checkbox"/> Design training programs based upon resident population needs, facility assessment evaluation, and incorporate into orientation program as well</p>
<p><b>F689</b> <b>§483.25(d) Accidents.</b> The facility must ensure that – §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p>	<p><input type="checkbox"/> Review facility specific policy and procedure for accident prevention to ensure the policy includes how an organization delineates facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</p>
<p><b>F694 § 483.25(h) Parenteral Fluids.</b> Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident’s goals and preferences.</p> <p><b>F695 §483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.</b> The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents’ goals and preferences, and 483.65 of this subpart</p> <p><b>F698 §483.25(l) Dialysis.</b> The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents’ goals and preferences</p>	<p><input type="checkbox"/> Review facility specific policy and procedures related to specific clinical process as identified per the facility assessment evaluation as well as specialty programs and services - to ensure the policy includes how an organization delineates facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</p> <p><input type="checkbox"/> Evaluate the facility training program to assure it aligns with the new interpretive guidelines and includes the core competencies, clinical system competencies, facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</p> <p><input type="checkbox"/> Design training programs based upon resident population needs, facility assessment evaluation, incorporate into orientation program</p>

Regulation	Recommended Actions
<p><b>F 725 § 483.35(a) Sufficient Staff</b>  § 483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review facility policy and procedure for verification of licensed nurse competencies consistent with resident acuity, resident population and documented resource competency needs identified in the facility assessment</li> <li><input type="checkbox"/> Design a facility assessment policy and procedure which includes that facility specific processes for the identification of resources and competencies based upon the evaluation of the resident population</li> </ul>
<p><b>F 729 § 483.35(d) Requirements for facility hiring and use of nurse aides-</b>  <b>§ 483.35 (d)(1) General Rule</b>  A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless-  (i) that individual is competent to provide nursing and nursing related services; and  (ii)(A) that individual has completed a training and competency evaluation program or a competency evaluation program approved by the State as meeting the requirements of § 483.151 through § 483.154; or  (B) That individual has been deemed or determined competent as provided in § 483.150(a) and (b)</p> <p><b>F729 §483.35(d)(4) Registry verification.</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review policies and procedures for hiring Nurse Aides to ensure verification of completion of a State approved training and competency evaluation program</li> <li><input type="checkbox"/> Review policies and procedures for facility competency evaluation upon hire and at least annually</li> <li><input type="checkbox"/> Review facility practices and system for registry verification and documentation for nurse aides</li> <li><input type="checkbox"/> Review facility policy and system for follow up verification of employee who has completed a State approved training and competency evaluation program recently and had not yet been included in the registry</li> </ul>
<p><b>§ 483.35(d)(6) Required retraining.</b>  If, since an individual's most recent completion of a training and competency evaluation program there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review facility policy and practice for evidence of employment to ensure that the potential employee has not had a continuous period of 24 consecutive months without nursing or nursing related services for monetary compensation</li> </ul>

Regulation	Recommended Actions
individual must complete a new training and competency evaluation program or a new competency evaluation program	without completing a new training and competency evaluation program
<p><b>F 730 § 483.35(d)(7) Regular in-service education</b></p> <p>The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of <b>§ 483.95(g)</b>:</p> <p><b>§ 483.95(g)(1):</b> Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year</p> <p><b>§ 483.95(g)(2):</b> Include dementia management training and resident abuse prevention training</p> <p><b>§ 483.95(g)(3):</b> Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff</p> <p><b>§ 483.95(g)(4):</b> For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired</p>	<p><input type="checkbox"/> Review facility in-service policy and practice for performance review to ensure that:</p> <ul style="list-style-type: none"> <li>• Performance reviews for nurse aides are completed once every 12 months</li> <li>• In-service education is based on the outcome of the performance review</li> </ul> <p><input type="checkbox"/> Review facility in-service policy and practice to verify evidence that all nurse aides receive at least 12 hours to include dementia management, abuse prevention and areas identified as areas of weakness on the annual performance evaluation. Per the interpretive guidance, the facility <b>must</b>:</p> <ul style="list-style-type: none"> <li>• Identify the skills and competencies needed by staff to work effectively with residents (both with and without mental disorders and psychosocial disorders).</li> <li>• Staff need to be knowledgeable about implementing non-pharmacological interventions.</li> <li>• The skills and competencies needed to care for residents should be identified through an evidence-based process that could include the following: an analysis of Minimum Data Set (MDS) data, review of quality improvement data, resident-specific and population needs, review of literature, applicable regulations, etc.</li> <li>• Once identified, staff must be aware of those disease processes that are</li> </ul>

Regulation	Recommended Actions
	<p>relevant to enhance psychological and emotional well-being.</p> <ul style="list-style-type: none"> <li>• Competency is established by observing the staff's ability to use this knowledge through the demonstration of skill and the implementation of specific, person-centered interventions identified in the care plan to meet residents' behavioral health care needs.</li> <li>• Additionally, competency involves staff's ability to communicate and interact with residents in a way that promotes psychosocial and emotional well-being, as well as meaningful engagements.</li> </ul>
<p><b>F741 §483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for: §483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3).</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review facility specific policy and procedures related to specific clinical process as identified per the facility assessment evaluation as well as specialty programs and services - to ensure the policy includes how an organization delineates facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</li> <li><input type="checkbox"/> Evaluate the facility training program to assure it aligns with the new interpretive guidelines and includes the core competencies, clinical system competencies, facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</li> <li><input type="checkbox"/> Design training programs based upon resident population needs, facility</li> </ul>

Regulation	Recommended Actions
	<p>assessment evaluation, incorporate into orientation program</p> <p><input type="checkbox"/></p>
<p><b>F755 §483.45 Pharmacy Services</b> The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p>	<p><input type="checkbox"/> Review facility specific policy and procedures related pharmacy services as identified per the facility assessment evaluation as well as specialty programs and services - to ensure the policy includes how an organization delineates facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</p> <p><input type="checkbox"/> Evaluate the facility training program to assure it aligns with the new interpretive guidelines and includes the core competencies, clinical system competencies, facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</p> <p><input type="checkbox"/> Design training programs based upon resident population needs, facility assessment evaluation, incorporate into orientation program</p>
<p><b>F 811§ 483.60(h) Paid feeding assistants</b> <b>§ 483.60(h)(1) State approved training course</b> A facility may use a paid feeding assistant, as defined in §488.301 of this chapter, if- (i) The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and (ii) The use of feeding assistants is consistent with State Law <b>§ 483.60(h)(2) Supervision</b></p>	<p><input type="checkbox"/> Review facility policy for use of paid feeding assistants</p> <p><input type="checkbox"/> Review facility policy for evidence of ongoing evaluation of feeding assistants to include:</p> <ul style="list-style-type: none"> <li>• Their use of appropriate feeding techniques;</li> <li>• Whether they are assisting assigned residents according to their identified eating and drinking needs;</li> </ul>





Regulation	Recommended Actions
<p>(i) A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).</p> <p>(ii) In an emergency, a feeding assistant must call a supervisory nurse for help</p> <p><b>§ 483.95(h) Required training of feeding assistants</b></p> <p>A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State-approved training program for feeding assistants, as specified in §483.160</p> <p><b>Interpretative Guidance for F373:</b></p> <p>The supervisory nurse should monitor the provision of the assistance provided by paid feeding assistants to evaluate on an ongoing basis:</p> <ul style="list-style-type: none"> <li>• Their use of appropriate feeding techniques;</li> <li>• Whether they are assisting assigned residents according to their identified eating and drinking needs;</li> <li>• Whether they are providing assistance in recognition of the rights and dignity of the resident; and</li> <li>• Whether they are adhering to safety and infection control practices</li> </ul>	<ul style="list-style-type: none"> <li>• Whether they are providing assistance in recognition of the rights and dignity of the resident; and</li> <li>• Whether they are adhering to safety and infection control practices</li> </ul>
<p><b>F826 §483.65(b) Qualifications</b></p> <p>Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.</p>	
<p><b>§ 483.70 Administration</b></p> <p>The facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p>	<p><input type="checkbox"/> The facility resource assessment should include means to identify resource training and management based on the resident population and acuity</p>

Regulation	Recommended Actions
<p><b>F838 § 483.70(e) Facility Assessment</b></p> <p>The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:</p> <ul style="list-style-type: none"> <li>(1) The facility’s resident population, including but not limited to, <ul style="list-style-type: none"> <li>(i) Both the number of residents and the facility’s resident capacity;</li> <li>(ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;</li> <li>(iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The facility resource assessment should include means to identify resource training and management based on the resident population and acuity</li> <li><input type="checkbox"/> Develop a policy and procedure related to facility assessment process, including the key elements described in the regulation</li> <li><input type="checkbox"/> Develop and implement a process for conducting an evaluation of the facility training program</li> <li><input type="checkbox"/> Include the core competencies as indicated in the interpretive guidance</li> </ul>
<p><b>§ 483.70(e)(2)</b> The facility’s resources, including but not limited to,</p> <ul style="list-style-type: none"> <li>(iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review and Revise system to ensure licensed nurses have received the education, training and a system for verification of valid licensure with the State professional licensing board and is in good standing</li> <li><input type="checkbox"/> Review and Revise policy and systems to verify competency evaluations for all licensed nurses to include any licensed</li> </ul>

Regulation	Recommended Actions
	nurses working in the facility under contract
<p><b>§ 483.40 Behavioral health services</b></p> <p>§ 483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with § 483.70(e). These competencies and skills sets include but are not limited to, knowledge of and appropriate training and supervision for: § 483.40(a)(1) Caring for residents with a mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to § 483.70(e) and [§ 483.40(a)(1) will be implemented beginning November 28, 2019 (Phase 3)].</p>	<p><input type="checkbox"/> Review and Revise competency evaluation for nursing staff related to residents with mood and behavior disorders to include residents with a history of trauma and/or post-traumatic stress disorder</p>
<p><b>§483.80(f) Annual review. Infection Control</b></p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	<p><input type="checkbox"/> Review facility specific policy and procedures related to Infection Prevention and the knowledge and skills of the IPCP, to ensure the policy includes how an organization delineates facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</p>



The below areas serves as a cross reference for facility leaders to conduct addition policy and procedure review across departments to incorporate the changes set forth in **the Requirements for Participation**. This listing is not all encompassing however should serve as a resource for leaders as they update their internal policies, procedures and operational processes.

### **Cross Reference**

- CMS Definitions
- Hiring Practices
- Employee Orientation
- Vendor and Volunteer Orientation
- Employee Performance Evaluations
- Annual Training Requirements
- Human Resources
- Nursing Services
- Interdisciplinary Departments
- Behavioral Health
- Specialized Services
- Clinical System Policies
- Special Services – Resource provision of care
- Facility Resource Assessment
- Resident comprehensive assessment
- Resident comprehensive care planning
- Quality Assurance and Performance Improvement
- Staff Training and Education

### **Resources**

**State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues**  
[www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf)



## **NURSING SERVICES – BUILDING COMPETENCY EVALUATIONS POLICY AND PROCEDURE**

### **PREFACE**

This facility promotes and supports a resident centered approach to care. The purpose of this policy is to define and set expectations regarding a system to evaluate and verify competency of nursing service personnel in the facility to assure resident safety and to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Competency needs will be identified based upon resident assessments, individual plans of care, resident acuity, resident diagnoses and unique resident needs as outlined in the facility assessment. The competency process will assess the knowledge and skills of the nursing staff in the specific skill being assessed. This process will include verification of education and competence for certification or licensure upon hire and on an ongoing basis to substantiate evidence of proficiency and skill for quality resident care.

### **POLICY**

It is the policy of the facility to establish, implement and maintain written policies and procedures for verification of appropriate educational preparation and competency, to include certification and/or licensure in good standing, upon hire and on an ongoing basis while employed in the facility. In addition, education and competency evaluation will be provided that identifies specific nursing skill sets necessary to meet the care needs in the facility based upon individualized assessment and the resident population identified in the facility assessment.

### **Centers for Medicaid and Medicare Services (CMS)**

#### **Definition**

**Competency** is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

**Cultural Competencies** include approaches to help staff to communicate effectively with residents and their families to assist in the provision of care and services appropriate to the culture and the individual. The term cultural competence (also known as cultural responsiveness, cultural awareness, and cultural sensitivity) refers to a person's ability to interact effectively with persons of cultures different from his/her own. With regard to health care, cultural competence is a set of behaviors and attitudes held by clinicians that allows them



to communicate effectively with individuals of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the individual.

## **OBJECTIVE OF NURSING SERVICES-COMPETENCY POLICY AND PROCEDURE**

The objective for this requirement is to establish a policy and procedure for the facility to verify evidence of preparation for certification and licensure for nursing staff. The objective also includes the requirement for ongoing evaluation of competency and education to include both remedial and regular clinical programs, consisting of evidence based best practices and nursing skills necessary to meet the needs of the resident population.

Demonstration of competency is a key element for verification. The facility policies and procedures for nursing competency will address areas to provide quality of care for the resident population in the facility as indicated in the Facility Resource Assessment

## **PROCEDURE**

### **1. Onboarding**

Prior to hire, Human Resources will verify from the registry that the nurse aide has completed the training and competency evaluation program approved by the State.

- a) Exceptions (*facility specific option/exception*) for less than 4 months enrolled in a State approved program or deemed or determined competent as provided unless the individual:
  - a. Is a full-time employee in a State-approved training and competency evaluation program;
  - b. Has demonstrated competence through satisfactory participation in a State approved nurse aide training and competency evaluation program or competency evaluation program; or
  - c. Has been deemed or determined competent as provided in §483.150(a) and (b).
- b) The facility will not use non-permanent employees who do not meet the nurse aide training and competency evaluation and registry verification requirements
- c) If the individual can prove recent successful completion of a State approved training and competency evaluation program or competency evaluation program and has not yet been included in the registry. Note: Follow up is required to verify individual has been registered
- d) Prior to work, Human Resources will seek information from every State registry that the facility believes will include information about the individual
  - a. Insert State specific requirements
- e) If the individual has had a continuous period of 24 consecutive months in which no nursing or nursing-related services for monetary compensation was completed, the



individual must complete a new training and competency evaluation or a new competency evaluation program

- f) Human Resources will verify prior to working a unit, staff qualifications for professional staff. Verification of Licensure, Certification and/or Registration in accordance with State law will be verified.
- g) The facility Director of Nursing, or designee, will verify licensure for temporary or agency personnel with the professional licensing board.

## 2. Orientation

New Employee Orientation, in-service education and verification of skills will be completed upon hire for all nursing services personnel. Follow up evaluation of understanding and competency will be obtained with post-test, skills check list, etc. (Insert facility specific process), as necessary.

Areas for education and evaluation can include, but not limited to:

- a) Abuse
- b) Resident's Rights and Dignity
- c) Communication
- d) Cultural Competency
- e) Care Plan, Baseline Care Plan, Person centered care
- f) Fire Safety
- g) Quality Assurance and Quality Assurance and Performance Improvement (QAPI)
- h) Dementia Care
- i) Dialysis
- j) Identification of changes in condition
- k) Resident Care Equipment Use
- l) Infection Prevention and Control
- m) Fall Prevention and Resident Safety
- n) Feeding Program
- o) HIPAA
- p) Resident Mood and Behavior
- q) Employee Safety
- r) MSDS
- s) Restraints
- t) Behavior Management
- u) Resident Change in Condition
- v) Physical Assessment
- w) Nutrition, Hydration, Weight Management
- x) Parenteral fluids
- y) Wound Care and Prevention
- z) Pain Management
- aa) Incontinence

- bb) ADL Care
- cc) Restorative Nursing
- dd) Medication Management and Pharmacy Services
- ee) Oxygen Use and Storage
- ff) Respiratory Care
- gg) Disease State Management
- hh) Lab and Radiology Services
- ii) Quality Assurance and Performance Improvement
- jj) Documentation
- kk) Financial Reimbursement
- ll) New and Updated Policies and Procedures

### 3. Performance Review

The facility will complete a performance review of every nurse aide at least once every 12 months and provide regular in-service education based on the outcome of these reviews. Required in-service training, specific to nurse aides, will include at least 12 hours per year.

Topics for education include:

- a) Activities of Daily living and function
- b) Resident Rights
- c) Resident behaviors
- d) Cultural Competency
- e) Documentation
- f) Following facility policies and procedures
- g) Resident Care Equipment
- h) Change of Resident Condition
- i) Infection Prevention and Control
- j) Safety Procedures

Additional topics required include:

- a) Dementia management
- b) Resident Abuse Training
- c) Care of the resident who is cognitively impaired (for staff caring for cognitively impaired residents)

The facility will complete a performance review of licensed nursing personnel on an annual basis or as needed. The following clinical skills competency reviews will be conducted at a minimum via the annual performance review:

- a. (Insert specific skill sets based upon facility assessment, programmatic needs, QAPI trends, specialty programs, disease state requirements, strategic partnerships for service delivery, etc. – i.e. dementia, cardiac, pulmonary, ortho, IV, infusion suite, telehealth, teleconsultation, cultural competency etc.)

#### **4. Annual Education and Competency Evaluation:**

Nursing education and competency evaluation will be completed annually or as necessary.

Areas for education and evaluation that will be provided includes, but not limited to:

- a. Abuse
- b. Resident's Rights and Dignity
- c. Communication
- d. Cultural Competency
- e. Care Plan, Baseline Care Plan, Person centered care
- f. Advance Directives, Comfort Care, Hospice
- g. Fire Safety
- h. Quality Assurance and Quality Assurance and Performance Improvement (QAPI)
- i. Dementia Care
- j. Dialysis
- k. Identification of changes in condition
- l. Infection Prevention and Control
- m. Fall Prevention and Resident Safety
- n. Feeding Program
- o. HIPAA
- p. Resident Mood and Behavior
- q. Employee Safety
- r. MSDS
- s. Restraints, Devices
- t. Behavior Management
- u. Resident Change in Condition
- v. Physical Assessment
- w. Nutrition, Hydration, Weight Management
- x. Parenteral fluids
- y. Wound Care and Prevention
- z. Pain Management
- aa. Incontinence
- bb. ADL Care
- cc. Restorative Nursing
- dd. Medication Management and Pharmacy Services
- ee. Oxygen Use and Storage
- ff. Respiratory Care
- gg. Disease State Management
- hh. Lab and Radiology Services
- ii. Quality Assurance and Performance Improvement
- jj. Documentation
- kk. Financial Reimbursement
- ll. New and Updated Policies and Procedures

#### **5. Specialty programs, resident populations and disease state specialization**

The facility will have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services, for those residents who are assessed to participate in specialized services, specialty facility programs and/or specific disease state management protocols as identified (*insert facility specific programs, services, unit designations here*)

- a. Competency will be assessed in areas including prerequisite skills, preparation, technical skills, procedure and knowledge integration
- b. Disease state specific training, competency skills check relative to facility programmatic specifications (*insert facility specific disease state and specialty programs and competency requirements*)
- c. Resident transfers, discharges, hospitalizations
- d. Parenteral fluids
- e. Dialysis
- f. (*Insert specific specialty programs, skills to be assessed, frequency of assessment – per programmatic and population policies*)
- g. Care Plan, Baseline Care Plan, Person Centered Care
- h. Documentation

#### **5. Competency Evaluation and Plan**

The Director of Nursing, in collaboration with facility leaders, will plan and provide education and evaluation for the licensed nurses based upon the Facility Resource Assessment, outlining resident population needs, standards of practice, regulatory requirements, facility policies and procedures, nursing skills and systems and any new procedures or requirements.

- a. Skill competency will be evaluated at hire, annually and with identified need.



## REFERENCES:

CMS State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities:

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>

## **Leadership Guide for Competency: Evaluation of Staff Knowledge and Skills**

### **PREFACE**

The complexity of the health care environment requires that staff in the facility participate in educational programs that ensure they have the knowledge, skills and abilities to provide individualized care promoting the health, safety and welfare of the resident population. There are competencies required by federal nursing home regulations, state nursing home regulations, and other governing organizations for persons working in healthcare organizations. Some of the organizations overseeing rules and laws that apply to staff and leaders include the Occupational Health and Safety Administration, the U.S. Equal Employment Opportunity Commission, Medicare and Medicaid integrity program, State and Federal labor laws, State and Federal Building codes, and practice rules for licensed, certified and registered professionals.

The Requirements of Participation outline specific competencies needed by nursing and all staff within a facility. The Implementation Checklist outlines the specific F Tags in which nursing staff and all staff competencies are described. Designing training and education program that coordinate with resident population needs, facility requirements, state and federal regulations and standards of practice is expected. The overall premise is that staff have the knowledge, skills, and resources to provide care and services to the resident population.

### **Definitions**

**“Competency”** – is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully. This is not dependent solely upon qualifications or licensure. (*State Operations Manual, Appendix PP*)

### **Competency Evaluations**

#### **All Personnel**

All personnel who work in a long term care facility are required to have specific knowledge and demonstrate their understanding on specific topics including:

- Abuse, neglect, exploitation, and misappropriation of resident property (abuse prevention)



- Resident Rights
- Dementia care and management
- Infection control
- Change of Condition identification and notification
- Cultural competency
- Areas defined by the Facility Assessment
- Emergency preparedness
- Department specific requirements and competencies
- Professional standards of practice requirements and competencies as applicable
- And other areas as defined by state/federal regulations

### Nursing Services

The regulation lists minimum competency requirements for nursing staff, as indicated below:

a. Competency in skills and techniques necessary to care for residents' needs includes but is not limited to competencies in areas such as;

- Resident Rights;
- Person centered care;
- Communication;
- Basic nursing skills;
- Basic restorative services;
- Skin and wound care;
- Medication management;
- Pain management;
- Infection control;
- Identification of changes in condition;
- Cultural competency

This list is not an all-encompassing, rather it requires the facility to review its resident population, clinical systems, technology, resources and standards of practice to develop the competency requirements for licensed and non-licensed staff.

Fundamentally, the facility must identify the residents' needs and determine, beyond the required topics, what knowledge, skills, abilities, behaviors, and other characteristics are needed

### Competency Levels

Facility leadership need to work with department managers to determine the position specific training, education and competency demonstration needed in order to meet standards of practice, regulatory requirements and the needs of the facility resident population.



**When working with the department management team,** one way to address competency needs is to determine the levels of competencies needed for each level of staff based on their interaction level with the residents. These are the topics covered in general orientation when staff from all departments is together for education.

Think of competency requirements as an inverted pyramid (see below). The job categories requiring the fewest competencies are represented by the tip of the pyramid.

The next level of competencies is for staff that works in resident care areas, but do not provide direct care. Consider this to be Level II competencies. These staff must have the basic level competencies and additional knowledge and skills to appropriately and safely interact with residents. Those staff may include housekeepers, laundry staff, maintenance staff and volunteers, as well as others identified in your facility.

Level III of the competency pyramid is for direct care givers who do not have responsibility for assessment and treatment of residents. Nursing assistants will be the largest group in this level. Nursing assistants will need the Basic Level and Level II competencies, as well as a list required by the Requirements of Participation.

Continue to add levels and build on the competencies from prior levels as you define competencies needed for nurses, therapists, the consulting pharmacist and other professionals who provide care and services to the residents.

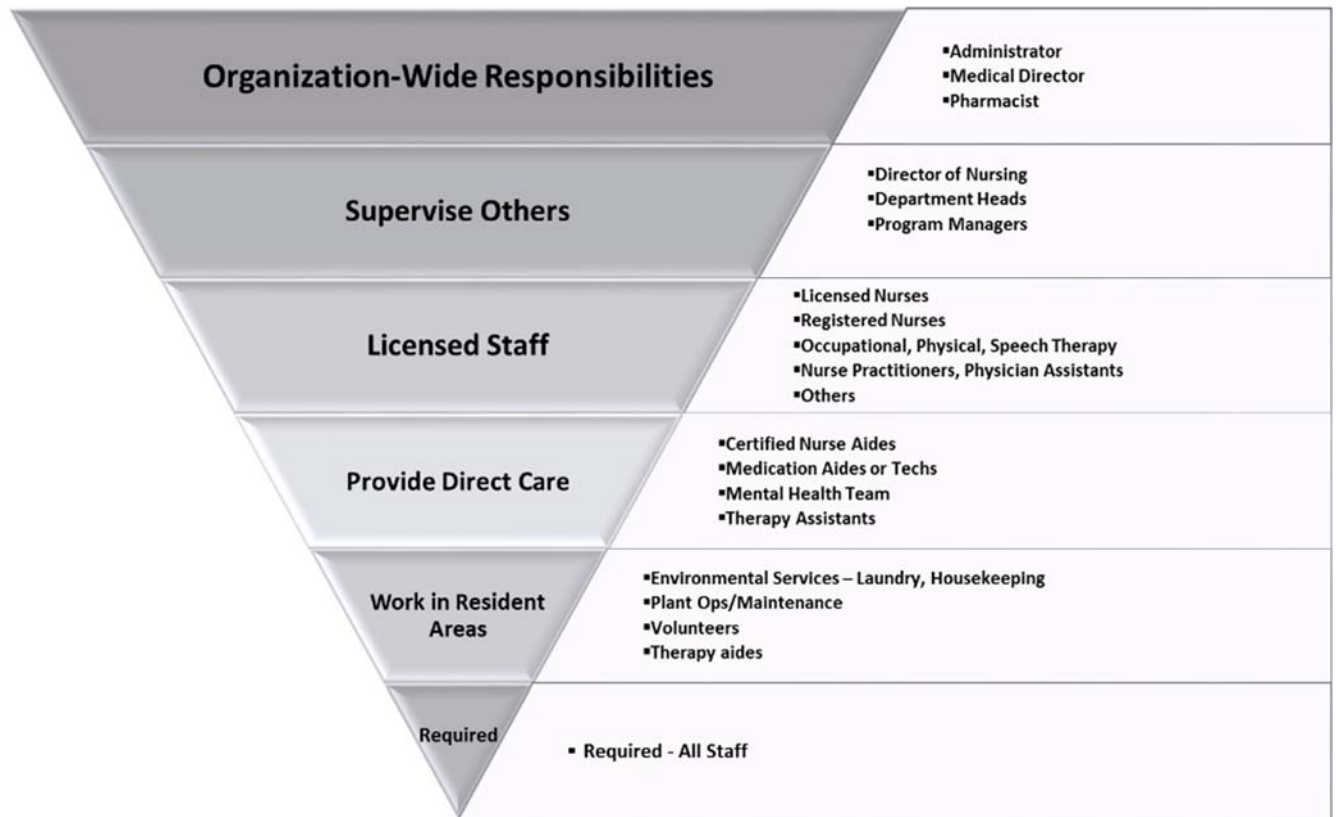
Include a competency level for staff that supervises other staff and oversee care, as well as participate in assessments of residents' needs and development of their care plans. Determine what knowledge, skills, abilities, behaviors, and other characteristics that these staff need to provide care to residents, including indirect care provided through others.

The largest number of competencies will be required for the positions that have responsibility and accountability for the systems, policies and procedures, protocols and standards for resident care across the entire facility. These positions will include the Medical Director, the Administrator, The Director of Nursing and others, as defined by your facility.



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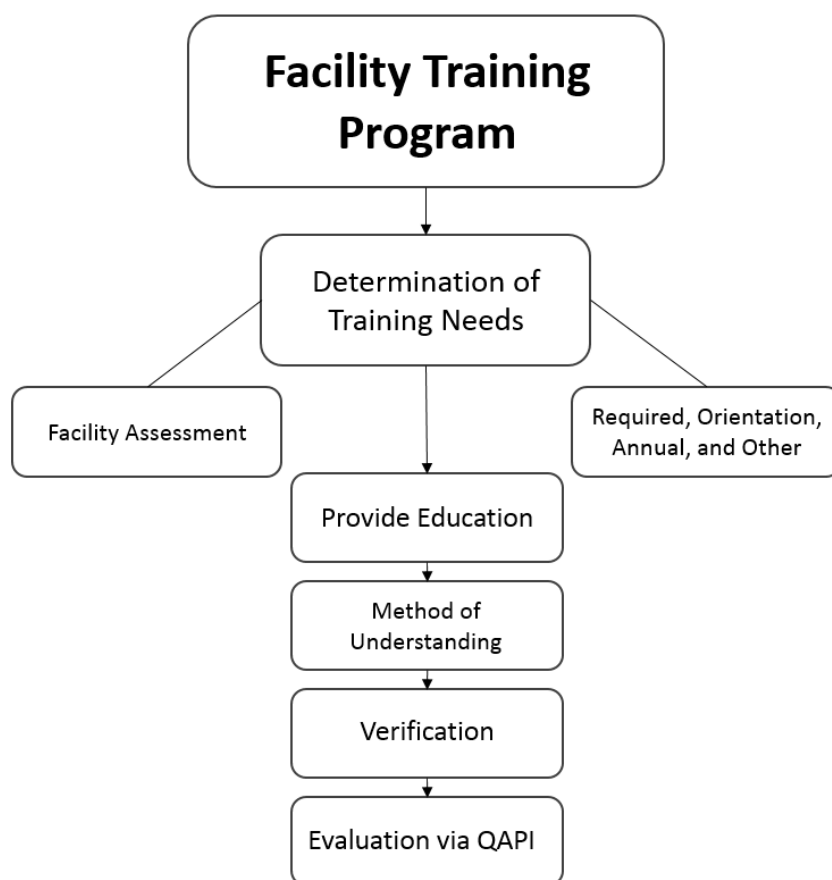
Level	Possible Staff Included	Topic Considerations (and others identified through the assessment of residents' needs)	Leadership Review with Department Manager
I  Basic Components for All Facility Staff	Required – All Staff	<p>Identify the Basic competencies <b>required</b> for all staff who work in the facility. The regulations specify:</p> <ul style="list-style-type: none"> <li>Abuse, neglect, exploitation, and misappropriation of resident property,</li> <li>Dementia management and</li> <li>Infection control</li> <li>Other areas as identified through the Facility Assessment</li> </ul> <p>You can add knowledge, skills and abilities required by other organizations, such as OSHA. Examples include:</p> <ul style="list-style-type: none"> <li>OSHA Hazard communication</li> <li>HIPPA,</li> <li>QAPI</li> </ul> <p>Additional topics for all staff may include:</p> <ul style="list-style-type: none"> <li>Response to Emergency Codes, such as fire</li> </ul>	
II  Staff Working in Resident Care Areas	Environmental Services Plant Operations Volunteers Therapy aides	<p>Level I topics and -</p> <p>Consider these suggested topics and more:</p> <ul style="list-style-type: none"> <li>Communication</li> <li>Fall Prevention</li> <li>Operation of exit alarms</li> <li>Transmission-based precautions</li> <li>Reporting changes in residents conditions</li> <li>Job specific competencies</li> <li>Competencies identified by the assessment of residents' needs</li> </ul>	
III  Direct Care Givers	Certified Nursing Assistants Medication Aides or Techs Mental Health Team Therapy Assistants	<p>Level I and II topics and -</p> <p><b>Plus these <u>required</u> topics:</b></p> <ul style="list-style-type: none"> <li>Person centered care</li> <li>Communication</li> <li>Basic nursing skills</li> <li>Basic restorative services</li> <li>Skin and wound care</li> <li>Medication management</li> <li>Pain management</li> <li>Additional Infection control topics</li> <li>Identification of changes in condition</li> <li>Cultural competency</li> <li>Specific care skills as identified through the Facility Assessment</li> </ul>	



Level	Possible Staff Included	Topic Considerations (and others identified through the assessment of residents' needs)	Leadership Review with Department Manager
IV  Licensed Staff	Licensed Nurses Registered Nurses PT, OT, SLP Nurse Practitioners, PA Others	Level I, II and III topics and - <i>Consider these topics and others identified through the assessment of residents' needs:</i> <ul style="list-style-type: none"> <li>• Job specific evaluation and assessment skills</li> <li>• Documentation</li> <li>• Care plan development</li> <li>• State and Federal Long Term Care requirements</li> <li>• Standards of practice</li> <li>• Specific care skills as identified through the Facility Assessment</li> </ul>	
V  Supervise Others	Director of Nursing Department Heads Program Managers	Level I, II, III and IV topics and - <i>Consider these suggested topics and more:</i> <ul style="list-style-type: none"> <li>• Delegation</li> <li>• Effective communication for supervisors</li> <li>• Task specific competencies, such as infection data collection</li> <li>• Human Resources policies and procedures</li> <li>• Develop and utilize competencies</li> <li>• Effective staff performance evaluation</li> <li>• State and Federal Long Term Care requirements</li> <li>• Standards of practice</li> </ul>	
VI  Organization-Wide Responsibilities	Administrator Medical Directors Pharmacist Governing Body - possible	All prior levels <i>Consider these suggested topics and more:</i> <ul style="list-style-type: none"> <li>• Federal and State nursing home regulations</li> <li>• Nursing home survey process</li> <li>• Budgeting</li> <li>• Data collection, interpretation and management</li> <li>• Policy and procedure development and management</li> <li>• Role specific knowledge and skills</li> </ul>	

## TRAINING PROGRAMS and COMPETENCY

Evaluating a training program is a means for a facility to gather information that can be reviewed and interpreted to make decisions regarding learning and development that aligns with standards of practice, professional scope of practice, requirements, staff knowledge and competencies and correlation with the facility assessment. Once facility leadership works with individual departments to determine training needs, requirements and competencies the need to determine the type of training and how to assess knowledge and competencies will need to be individualized. The following depicts a process to evaluate a training program utilizing the facility Quality Assurance and Performance Improvement process.



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### 1. Determination of Training Needs

- a. The facility will incorporate the required training components into their orientation program, annual training plan, professional/certification requirements, facility assessment findings, as well as other clinical and operational needs.





- b. Specific elements and criteria in a facility training plan should include, but not limited to:
  - i. Evidenced based practice
  - ii. Standards of practice
  - iii. Regulatory requirements (federal, state, and local)
  - iv. Scope of practice
  - v. Specialty program requirements
  - vi. Facility policies and procedures
  - vii. Facility expectations
  - viii. Facility assessment results
  - ix. Staff learning needs and competencies
  - x. Past training needs
  - xi. Other areas determined by operational, clinical, and organization needs
- c. Additional determination of training needs includes any identified areas of deficit or opportunities for improvement based upon quality assurance and performance improvement findings

## 2. Provide Education

- a. Development of specific training/education programs should provide evidence of learning needs and overall objectives. Specific components may include, but are not limited to:
  - i. Training description or summary of educational content
  - ii. Learning objectives
  - iii. Methodology – Method of instruction such as:
    - 1. Lecture
    - 2. Demonstration
    - 3. Protocol or procedure review
    - 4. Self-Learning package
    - 5. On-line
    - 6. Skills Fair
    - 7. Simulation
    - 8. Clinical practice
    - 9. Other
  - iv. Handouts
  - v. Method of understanding to demonstrate learner knowledge post training

3. Method of Understanding

- a. There are numerous methods to determine a learner's understanding of the training program, such as:
  1. Written post-test
  2. Oral post-test
  3. Return demonstration
  4. Skills check/competency check
  5. Verbal review
  6. Observation of performance
  7. Sign in sheets verbalizing the understanding of the material
  8. Other
- b. There are many methods to assess knowledge and performance and a facility may choose one or a combination of methods based upon the learning objectives and process needs.
- c. It is important to discuss observations and evaluations with the learner. Feedback assists the learner to see their progress and how they can improve. Acknowledge and give support for good results, and provide recommendations for improvement or individualized training to achieve the expected outcomes.

4. Verification or Evaluation

- a. Upon the completion of individual training programs, the facility is responsible for the adherence to the training objectives – training into facility practice. There are various methods that a facility may choose to verify and validate the training objectives and facility practice, including:
  - i. Observation – care and practice
  - ii. Walking rounds
  - iii. Interviews
  - iv. Medical record review
  - v. Verbal review
  - vi. Monitoring audits
  - vii. Annual performance evaluation
- b. Document results

5. Evaluation via Quality Assurance and Performance Improvement process

- a. Review verification results via the QAPI process which provides the facility the opportunity to analyze and interpret data (findings) to assess performance and support improvement initiatives.

- i. From the identified opportunities for improvement, the facility will systematically and objectively prioritize the opportunities in order to determine the necessary action steps. This process takes into consideration input from multiple disciplines, facility assessment findings, residents and families.
- b. The facility will document its overall evaluation of individual training programs, and the overall facility training program per QAPI protocols.
  - i. This can be accomplished by adding the training evaluation overview and results into the QAPI Committee Meeting Minutes. This can serve as verification of your evaluation process.

## References

### State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues

[www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf)

## Yearly Tracking Log for CNA Training and Evaluation of Competency

EMPLOYEE NAME: \_\_\_\_\_ Year: \_\_\_\_\_

Date of Annual Performance Review	Education Recommended Based Upon Review (list topics)	Date Recommended Education Completed	Other Facility Required Education (list topics)	Date Required Education Completed	Length of Educational Program



**\*\* Attach forms with evidence of evaluation of competency or completion:**

- Sign in sheets
- Return Demonstration Forms
- Skills Check Lists
- Post Tests

**Employee has met the requirement for at least 12 hours of education for this calendar year:**

\_\_\_\_\_ Yes \_\_\_\_\_ No    Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education program(s) were provided based on outcome of annual performance evaluation:**

\_\_\_\_\_ Yes \_\_\_\_\_ No    Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yearly Review of Education:** \_\_\_\_\_  
(Nurse Manager Signature) (Date)

## Licensed Nurse Competency Checklist

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	
Admission	History and Physical							
	Nursing Assessment							
Adjustment Charting	Admission							
	Readmission							
	Room Change							
Catheters	Catheterization – Female							
	Catheterization – Male							
	Foley Insertion/Removal							
Change of Condition	Assessment							
	Vital Signs							

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	
Change of Condition (cont.)	Neurological Assessment <ul style="list-style-type: none"><li>• LOC</li><li>• Pupillary Assessment</li><li>• Speech</li><li>• Motor Function</li><li>• Extremity Strength</li><li>• Pain</li></ul>							
	Respiratory Assessment <ul style="list-style-type: none"><li>• Breath Sounds</li><li>• Cough, Sputum</li><li>• SOB</li><li>• Skin/nailbeds or lips-color</li><li>• Oxygen use</li></ul>							
	Cardiovascular Assessment <ul style="list-style-type: none"><li>• Heart rate, rhythm</li><li>• Apical Pulse</li><li>• Edema</li><li>• Heart Sounds</li><li>• Neck vein</li><li>• Capillary Refill</li><li>• Chest, jaw or arm pain</li></ul>							



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	
Change of Condition (cont.)	Gastrointestinal Assessment <ul style="list-style-type: none"><li>• Inspection</li><li>• Auscultation</li><li>• Bowel Sounds</li><li>• Abd aorta bruit</li><li>• Palpation</li><li>• N,V,D</li><li>• Date of last BM</li><li>• Appetite</li><li>• Bowel Incontinence</li></ul>							
	Genitourinary Assessment <ul style="list-style-type: none"><li>• Color, odor, amount</li><li>• Pain w/urination</li><li>• Abd discomfort</li><li>• Fever</li><li>• Quality of Stream</li><li>• Bladder Incontinence</li></ul>							
	Charting							
	Neuro Checks							
	24 Hour Report Board							

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	
Charting	Antidepressant							
	Behavior							
	I&O							
	Appetite							
	Monitoring/Weight Changes							
Cultural Competence	Need for interpreter, care plan culture specific beliefs and requests, include family with communication and care, follow person centered care plan interventions							
Notification	MD							
	Resident Representative							
	Resident							

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	
Medicare	Medicare							
Weekly Summaries and changes/events  Weekly Summaries (cont.)	Charting							
	Problem Charting							
	Incident/Accident/Event Charting and Notification							
	Allegation of Abuse, Neglect, Misconduct							
Assessment/ Documentation/ POC/Notification	Fall Risk							
	Pain							
	Nutrition/Hydration/ Weight							
	Restraints – Chemical/Physical							
	Skin <ul style="list-style-type: none"><li>• Color</li><li>• Diaphoresis</li><li>• Rash</li><li>• Reddened Areas</li><li>• Pressure Ulcers</li></ul>							

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	
Assessment/ Documentation/ POC/Notification (cont.)	<ul style="list-style-type: none"><li>• Non-pressure wounds</li><li>• Incisions</li><li>• Skin Tears</li><li>• Bruising</li><li>• Abrasions</li></ul>							
	Clinical Assessment							
Colostomy/Ileostomy	Appliance Change							
Diabetic Monitoring/ Blood Glucose Monitoring	Diabetic Monitoring/ Blood Glucose Monitoring							
Dialysis Care	Monitoring of access site, fluid management, communication with dialysis center, et.							
Discharge/Transfer	Documentation							
	Process							
	Notification							
Ear Drops	Ear Drops							

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	
Emergency Codes	Fire, Tornado, Elopement, Missing Resident							
Enema	Enema							
Eye Drops	Eye Drops							
Gastrostomy	Daily Care							
	Insertion (Mandatory Class if LPN)							
Heparin – Sub Injection	Heparin – Sub Injection							
Insulin	Mixed Dose							
	Single Dose							
	Sliding Scale							
IV Therapy	Insertion (RN Only)							

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	
IV Therapy (cont.)	Heparin Flush (RN Only)							
	IV Fluid to Mechanical Pump (RN Only)							
	IV Push Medications (RN Only)							
	IV Piggy Back Medications (RN Only)							
	Central Venous Catheters							
Lab	Specimen Collection							
	Transcription of Orders							
Medications	Administer and Record Oral Meds							
	Administer and Record IM Meds							
	Administer and Record Sub Q Meds							

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	
Medications (cont.)	Checks – apical, B/P, etc. appropriately							
	Discontinue/Destroy Medications							
	Medication Reconciliation							
	Psychotropic medications							
	Observing for effectiveness, side effects, adverse consequences and documentation							
	Punch Card System							
	Record PRN Medication/Treatment							
	Mantoux-PPD							
	Narcotic/Controlled Substance Count							
	Patches							



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	
	Pain Scale and Interventions							
NG Tubes	Flushes							
	Insertion							
	Placement Check							
Nebulizer	Nebulizer							
Nitroglycerin Ointment PRN	Nitroglycerin Ointment PRN							
Occurrence Form – Med Error	Occurrence Form – Med Error							
Oral Assessment	Oral Assessment							
Oxygen Therapy	Concentrator							
	Liquid O2							
Oxygen Therapy (cont.)	Portable Tanks							

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		
Pain Management	Pain Management								
Treatments      Treatments (cont.)	Skin-Pressure Ulcers Documentation								
	Skin-Pressure Ulcers Assessment/ Measurement								
	Skin-Pressure Ulcers Sterile Technique								
	Ointments								
	Pressure Relief								
	Splint Application								
	TEDS								
	Other								
Phone	Phone								

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	
P&P Manual and Usage	P&P Manual and Usage							
Post Mortem Care	Post Mortem Care							
Rectal Checks- Suppository Insertion	Rectal Checks- Suppository Insertion							
Report/Assignment Sheet	Report/Assignment Sheet							
Restorative Nursing  Restorative Nursing (cont.)	Can measure resident self-performance per RAI manual							
	Can identify staff level of assistance per RAI manual							
	Completes tools to measure: ○ Voluntary / Involuntary ROM ○ Contractures ○ Feeding assist. level ○ Ambulation ○ Bed Mobility ○ Dressing / Grooming / Bathing							

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	
	Identifies documentation requirements and understands minutes recording							
Rounds (Team Leader)	Rounds (Team Leader)							
Suctioning, Oral/Nasopharyngeal	Suctioning, Oral/Nasopharyngeal							
Indwelling Urinary Catheter	Daily Care							
Supra-pubic catheter	Insertion							
Transcription of Orders	Transcription of Orders							
Trach Care	Routine (Changing Ties, etc.)							
	Suctioning							
Ventilator Care	Ventilator Care							
Tube Feeding	Tube Feeding Gravity							

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	
Tube Feeding (cont.)	Tube Feeding Pump							
Standard Precautions	Personal Protective Equipment							
	Sharps handling and disposal							
	Occupational exposure							
	Antibiotic Stewardship							
	Transmission -based Precautions-isolation							
	Blood or Body Fluid Spills							
	Infection Control							
	Outbreak Management							
	Influenza and Pneumococcal immunizations							
	Hand Hygiene							

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	
Other (Describe)								
Other (Describe)								

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

**\*Employee:**

\_\_\_\_\_  
**Initials**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Evaluator/Orientator:**

\_\_\_\_\_  
**Initials**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



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



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## Nurse Aide Clinical Skill Competency

Employee: \_\_\_\_\_ Date of Observation: \_\_\_\_\_

☐ New Employee Evaluation      ☐ Completed prior to Annual Performance Review

### Definitions

<b>Exceeds Job Requirements</b>	Performs consistently above average.
<b>Meets Job Requirements</b>	Performs at acceptable standard of practice meeting the expectations of the job.
<b>Needs Improvement</b>	Job performance is not meeting the current standards of practice and/or expectations. An educational plan including goals, objectives, and time frames must be established.

Technique and/or Task	Exceeds Job Requirements	Meets Job Requirements	Needs Improvement
<ul style="list-style-type: none"> <li>Can verbalize resident assignment and demonstrate where to obtain current information on resident specific care plan interventions</li> <li>Reports to the nurse immediately if assignment sheet or care plan information is not current or correct</li> </ul>			
	<b>Comment:</b>		
<ul style="list-style-type: none"> <li>Demonstrates timeliness in the repositioning of residents every two hours or as care planned</li> <li>Demonstrates resident skin observation and documentation with cares and bath/showers</li> </ul>			
	<b>Comment:</b>		
<ul style="list-style-type: none"> <li>Offers fluids to dependent residents per facility protocol or as care planned</li> <li>Demonstrates documentation of intake and output</li> </ul>			
	<b>Comment:</b>		



Technique and/or Task	Exceeds Job Requirements	Meets Job Requirements	Needs Improvement
<ul style="list-style-type: none"> <li>Cultural Competence: Follows individualized plan of care for interpreter, care plan culture specific beliefs and requests, include family with communication and care, follow person centered care plan interventions</li> </ul>			
	<b>Comment:</b>		
<ul style="list-style-type: none"> <li>Follows care planned individualized toileting plan</li> <li>Demonstrates proper application of protective undergarments and incontinent pads if applicable</li> <li>Demonstrate proper perineal care</li> <li>Demonstrates proper catheter care</li> </ul>			
	<b>Comment:</b>		
<ul style="list-style-type: none"> <li>Demonstrate respecting resident privacy and dignity by knocking on doors before entering resident rooms and bathrooms</li> <li>Consistently introduces self and explains tasks to residents within the resident's frame of reference</li> <li>Provides privacy during cares by closing doors / curtains and window coverings</li> </ul>			
	<b>Comment:</b>		
<ul style="list-style-type: none"> <li>Follows facility system for identification and reporting of early changes in resident condition</li> </ul>			
	<b>Comment:</b>		
<ul style="list-style-type: none"> <li>Demonstrates individualized fall prevention interventions for residents</li> </ul>			
	<b>Comment:</b>		
<ul style="list-style-type: none"> <li>Consistently answers call lights and alarms promptly (alarms immediately, call lights in a timely manner)</li> </ul>			
	<b>Comment:</b>		
<ul style="list-style-type: none"> <li>Demonstrates accurate documentation:               <ul style="list-style-type: none"> <li>Weights / re-weights</li> <li>Vital Signs</li> <li>ADL / Care Data</li> </ul> </li> </ul>			
	<b>Comment:</b>		



Technique and/or Task	Exceeds Job Requirements	Meets Job Requirements	Needs Improvement
<ul style="list-style-type: none"><li>Demonstrate/identify care plan approaches for residents with behavior management plan. Identify documentation and reporting protocol</li></ul>			
	Comment:		
<ul style="list-style-type: none"><li>Consistently demonstrates proper infection control standards:<ul style="list-style-type: none"><li>Hand Hygiene</li><li>Glove Usage</li><li>Personal Protective Equipment</li><li>Proper Disinfection of Equipment / Utensils</li><li>Linen handling</li><li>Transmission based precautions</li></ul></li></ul>			
	Comment:		
<ul style="list-style-type: none"><li>Consistently maintains a clean environment:<ul style="list-style-type: none"><li>Resident rooms &amp; common areas are kept clean and orderly</li><li>Personal supplies are kept clean, labeled &amp; stored in designated location</li><li>Soiled linens are removed &amp; placed in soiled linen containers</li><li>Soiled incontinent products are immediately contained &amp; disposed of per facility policy</li></ul></li></ul>			
	Comment:		
<ul style="list-style-type: none"><li>Provides care planned assistance at mealtime:<ul style="list-style-type: none"><li>Verbalizes seating assignments</li><li>Demonstrates skills of giving cues, partial feeding and total feeding assistance consistent with the plan of care</li><li>Verbalizes how to follow individualized aspiration precautions and choking precautions and when to notify the nurse</li><li>Demonstrates accurate recording of intake</li><li>Demonstrates therapeutic communication with residents</li></ul></li></ul>			
	Comment:		



Technique and/or Task	Exceeds Job Requirements	Meets Job Requirements	Needs Improvement
<ul style="list-style-type: none"><li>• Demonstrates proper technique for:<ul style="list-style-type: none"><li>○ Gait belt use</li><li>○ Pivot transfer using gait belt</li><li>○ Two person transfers</li><li>○ Mechanical Lift</li><li>○ Resident Care Equipment (list):<ul style="list-style-type: none"><li>○ _____</li><li>○ _____</li><li>○ _____</li></ul></li></ul></li></ul>			
	<b>Comment:</b>		
<ul style="list-style-type: none"><li>• Demonstrates proper technique for Restorative Nursing based upon the individualized plan of care:<ul style="list-style-type: none"><li>○ Proper body mechanics</li><li>○ Restorative ambulation</li><li>○ Restorative bed mobility</li><li>○ Restorative feeding assistance</li><li>○ Restorative incontinence care</li><li>○ Restorative contracture prevention, upper and lower extremity range of motion</li><li>○ Splint, brace application</li><li>○ Anti-embolism stocking application</li><li>○ Documentation of restorative minutes for data collection</li><li>○ Training and observations include how to promote resident involvement in ADL activities to restore or maintain resident at their highest level of functioning.</li></ul></li></ul>			
	<b>Comment:</b>		
<ul style="list-style-type: none"><li>• Verbalizes facility QAPI-Quality Assurance and Performance Improvement process and employee involvement</li></ul>			
	<b>Comment:</b>		

Signature of Nurse Aide: \_\_\_\_\_

Date: \_\_\_\_\_

Signature /Title of Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_



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**Opportunities identified for employee remedial education:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## **Leadership Guide for Competency: Evaluation of Staff Knowledge and Skills**

### **PREFACE**

The complexity of the health care environment requires that staff in the facility participate in educational programs that ensure they have the knowledge, skills and abilities to provide individualized care promoting the health, safety and welfare of the resident population. There are competencies required by federal nursing home regulations, state nursing home regulations, and other governing organizations for persons working in healthcare organizations. Some of the organizations overseeing rules and laws that apply to staff and leaders include the Occupational Health and Safety Administration, the U.S. Equal Employment Opportunity Commission, Medicare and Medicaid integrity program, State and Federal labor laws, State and Federal Building codes, and practice rules for licensed, certified and registered professionals.

The Requirements of Participation outline specific competencies needed by nursing and all staff within a facility. The Implementation Checklist outlines the specific F Tags in which nursing staff and all staff competencies are described. Designing training and education program that coordinate with resident population needs, facility requirements, state and federal regulations and standards of practice is expected. The overall premise is that staff have the knowledge, skills, and resources to provide care and services to the resident population.

### **Definitions**

**“Competency”** – is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully. This is not dependent solely upon qualifications or licensure. (*State Operations Manual, Appendix PP*)

### **Competency Evaluations**

#### **All Personnel**

All personnel who work in a long term care facility are required to have specific knowledge and demonstrate their understanding on specific topics including:

- Abuse, neglect, exploitation, and misappropriation of resident property (abuse prevention)
- Resident Rights
- Dementia care and management

- Infection control
- Change of Condition identification and notification
- Cultural competency
- Areas defined by the Facility Assessment
- Emergency preparedness
- Department specific requirements and competencies
- Professional standards of practice requirements and competencies as applicable
- And other areas as defined by state/federal regulations

## **Nursing Services**

The regulation lists minimum competency requirements for nursing staff, as indicated below:

a. Competency in skills and techniques necessary to care for residents' needs includes but is not limited to competencies in areas such as;

- Resident Rights;
- Person centered care;
- Communication;
- Basic nursing skills;
- Basic restorative services;
- Skin and wound care;
- Medication management;
- Pain management;
- Infection control;
- Identification of changes in condition;
- Cultural competency

This list is not an all-encompassing, rather it requires the facility to review its resident population, clinical systems, technology, resources and standards of practice to develop the competency requirements for licensed and non-licensed staff.

Fundamentally, the facility must identify the residents' needs and determine, beyond the required topics, what knowledge, skills, abilities, behaviors, and other characteristics are needed

## **Competency Levels**

Facility leadership need to work with department managers to determine the position specific training, education and competency demonstration needed in order to meet standards of practice, regulatory requirements and the needs of the facility resident population.





**When working with the department management team,** one way to address competency needs is to determine the levels of competencies needed for each level of staff based on their interaction level with the residents. These are the topics covered in general orientation when staff from all departments is together for education.

Think of competency requirements as an inverted pyramid (see below). The job categories requiring the fewest competencies are represented by the tip of the pyramid.

The next level of competencies is for staff that works in resident care areas, but do not provide direct care. Consider this to be Level II competencies. These staff must have the basic level competencies and additional knowledge and skills to appropriately and safely interact with residents. Those staff may include housekeepers, laundry staff, maintenance staff and volunteers, as well as others identified in your facility.

Level III of the competency pyramid is for direct care givers who do not have responsibility for assessment and treatment of residents. Nursing assistants will be the largest group in this level. Nursing assistants will need the Basic Level and Level II competencies, as well as a list required by the Requirements of Participation.

Continue to add levels and build on the competencies from prior levels as you define competencies needed for nurses, therapists, the consulting pharmacist and other professionals who provide care and services to the residents.

Include a competency level for staff that supervises other staff and oversee care, as well as participate in assessments of residents' needs and development of their care plans. Determine what knowledge, skills, abilities, behaviors, and other characteristics that these staff need to provide care to residents, including indirect care provided through others.

The largest number of competencies will be required for the positions that have responsibility and accountability for the systems, policies and procedures, protocols and standards for resident care across the entire facility. These positions will include the Medical Director, the Administrator, The Director of Nursing and others, as defined by your facility.



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Level	Possible Staff Included	Topic Considerations (and others identified through the assessment of residents' needs)	Leadership Review with Department Manager
I  Basic Components for All Facility Staff	Required – All Staff	<p>Identify the Basic competencies <b>required</b> for all staff who work in the facility. The regulations specify:</p> <ul style="list-style-type: none"> <li>• Abuse, neglect, exploitation, and misappropriation of resident property,</li> <li>• Dementia management and</li> <li>• Infection control</li> <li>• Cultural Competency</li> <li>• Other areas as identified through the Facility Assessment</li> </ul> <p>You can add knowledge, skills and abilities required by other organizations, such as OSHA. Examples include:</p> <ul style="list-style-type: none"> <li>• OSHA Hazard communication</li> <li>• HIPPA,</li> <li>• QAPI</li> </ul> <p>Additional topics for all staff may include:</p> <ul style="list-style-type: none"> <li>• Response to Emergency Codes, such as fire</li> </ul>	
II  Staff Working in Resident Care Areas	Environmental Services Plant Operations Volunteers Therapy aides	<p>Level I topics and -</p> <p>Consider these suggested topics and more:</p> <ul style="list-style-type: none"> <li>• Communication</li> <li>• Fall Prevention</li> <li>• Operation of exit alarms</li> <li>• Transmission-based precautions</li> <li>• Reporting changes in residents conditions</li> <li>• Job specific competencies</li> <li>• Competencies identified by the assessment of residents' needs</li> </ul>	

Level	Possible Staff Included	Topic Considerations (and others identified through the assessment of residents' needs)	Leadership Review with Department Manager
III  Direct Care Givers	Certified Nursing Assistants Medication Aides or Techs Mental Health Team Therapy Assistants	Level I and II topics and - <b>Plus these <u>required</u> topics:</b> <ul style="list-style-type: none"> <li>• Person centered care</li> <li>• Communication</li> <li>• Basic nursing skills</li> <li>• Basic restorative services</li> <li>• Skin and wound care</li> <li>• Medication management</li> <li>• Pain management</li> <li>• Additional Infection control topics</li> <li>• Identification of changes in condition</li> <li>• Cultural competency</li> <li>• Specific care skills as identified through the Facility Assessment</li> </ul>	
IV  Licensed Staff	Licensed Nurses Registered Nurses PT, OT, SLP Nurse Practitioners, PA Others	Level I, II and III topics and - <i>Consider these topics and others identified through the assessment of residents' needs:</i> <ul style="list-style-type: none"> <li>• Job specific evaluation and assessment skills</li> <li>• Documentation</li> <li>• Care plan development</li> <li>• State and Federal Long Term Care requirements</li> <li>• Standards of practice</li> <li>• Specific care skills as identified through the Facility Assessment</li> </ul>	
V  Supervise Others	Director of Nursing Department Heads Program Managers	Level I, II, III and IV topics and - <i>Consider these suggested topics and more:</i> <ul style="list-style-type: none"> <li>• Delegation</li> <li>• Effective communication for supervisors</li> <li>• Task specific competencies, such as infection data collection</li> <li>• Human Resources policies and procedures</li> <li>• Develop and utilize competencies</li> <li>• Effective staff performance evaluation</li> <li>• State and Federal Long Term Care requirements</li> <li>• Standards of practice</li> </ul>	



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Level	Possible Staff Included	Topic Considerations (and others identified through the assessment of residents' needs)	Leadership Review with Department Manager
VI  Organization-Wide Responsibilities	Administrator Medical Directors Pharmacist Governing Body - possible	All prior levels <i>Consider these suggested topics and more:</i> <ul style="list-style-type: none"><li>• Federal and State nursing home regulations</li><li>• Nursing home survey process</li><li>• Budgeting</li><li>• Data collection, interpretation and management</li><li>• Policy and procedure development and management</li><li>• Role specific knowledge and skills</li></ul>	



### PERI CARE RETURN DEMONSTRATION

	YES	NO
1. Knocked on door. Screened resident. Pulled window curtain if necessary.		
2. Addressed resident, introduced self and explained what was being done.		
3. Gathered equipment		
4. Washed hands and put on gloves (universal precautions).		
5. Removed soiled incontinence product and disposed of properly (put in trash bag, tied shut).		
6. Did not put soiled incontinence product or linen on floor.		
7. Told resident before using wipes/washcloth/perineal wash, "Wipe may feel cold."		
8. Used clean section for each wipe/washcloth or used a new wipe/washcloth each time.		
9. Used correct technique for peri-care on female vs. male residents. <ul style="list-style-type: none"><li>○ Female: Spread labia, wipe one side, then the other, and then the middle, wiping toward the rectal area and never wiping back and forth. Proceed to clean the rectal and buttocks area.</li><li>○ Male: Pull foreskin back if resident is uncircumcised. Clean the tip of the penis using a circular motion starting at the urethra and working outward. Clean shaft of the penis with firm downward strokes. Clean the scrotum.</li></ul>		
10. Used no other products unless resident has order.		
11. Removed gloves before touching clothing, bed rail, cubicle curtain, etc.		
12. Washed hands before leaving room.		
13. Correctly disposed of incontinence product in soiled utility room or if in isolation in red barrel in room.		
14. Used proper body mechanics and proper positioning for resident during entire procedure.		
15. Maintained resident dignity and privacy throughout entire procedure.		

**Staff Name:** \_\_\_\_\_

**Score:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## POST TEST –

### NURSING SERVICES: BUILDING COMPETENCY EVALUATIONS

Question: True or False	Answer
1. A Certified Nursing Assistant who has not worked for 24 months can work again as a CNA if they go through the facility orientation program.	
2. Certified Nursing Assistants will not all have to attend the same training topics in the facility.	
3. The nurse competency evaluations will be based on the acuity and need of resident the facility is caring for.	
4. A Certified Nursing Assistant is required to have at least 15 hours of in-service education per year.	
5. Once nursing staff are educated, the facility will need to evaluate evidence of competency such as: skills check sheets, return demonstration, post-test, etc.	
6. Cultural competency means how staff are getting along together	
7. Once I have been trained and evaluated for the year, I don't have to have training for a year.	
8. I need to show competency in identification and reporting of early changes in resident condition.	

Employee Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_