**Licensed Nurse Competency Checklist-** **Dining Assistance Techniques and Adaptive Equipment**

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

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

| **Skill Area** | **Evaluation****(Check One)** | **Method of Evaluation****(Check One)**D = Skills DemonstrationO = Performance ObservationW = Written TestV = Verbal Test | **Verification** **(Initials/Date)** |
| --- | --- | --- | --- |
| **Competency****Demonstrated/****Meets** **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Licensed Nurse Competency Checklist- Dining assistance techniques and adaptive equipment** | Demonstrates involvement of resident/resident representative in the development of the care plan and defining the approaches and goals to include specific resident adaptive dining equipment and dining assistance interventions |  |  |  |  |  |  |  |
| Verbalizes proper resident use of a plate guard or lipped plate (used in cases of weakness or poor hand coordination)   |  |  |  |  |  |  |  |
| Verbalizes proper resident use of Mugs with handles |  |  |  |  |  |  |  |
| Verbalizes proper resident use of Rocker knife |  |  |  |  |  |  |  |
| Verbalizes proper resident use of utensils: 1. with built up handle
2. weighted utensil
3. non-slip handle
 |  |  |  |  |  |  |  |
| Ensures resident is at correct type of table to accommodate resident specific needs  |  |  |  |  |  |  |  |
| Licensed nurse demonstrates documentation responsibilities:* Assessment Process
* Meal intake
* Care Plan Development, Implementation and Revisions
* Communication
* Etc.
 |  |  |  |  |  |  |  |
| Demonstrates dining room monitoring of residents using assistive devices |  |  |  |  |  |  |  |
| Ensures adaptive devices are returned to the kitchen for cleaning |  |  |  |  |  |  |  |
| Ensures resident has appropriate assistive devices at mealtime |  |  |  |  |  |  |  |
|  | Demonstrates monitoring for comfortable dining room temperature for the resident;1. Ask the resident and watch non-verbal signs
2. Be aware of drafts and vents
3. Offer a blanket or sweater to resident who are cold or
4. open a window near areas that are stuffy
 |  |  |  |  |  |  |  |
| **Promotes** calm dining environment e.g., avoid loud TV/Radio, room temperature appropriate  |  |  |  |  |  |  |  |
|  | Uses/demonstrates specific techniques as care planned to enhance swallowing |  |  |  |  |  |  |  |
| **Other (Describe)**  |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

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

**\*Employee:**

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

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

**Evaluator/Trainer:**

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

**Initials Signature Date**

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

**References:**

Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP-Guidance to Surveyors for Long Term Care Facilities. (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Centers for Medicare and Medicaid Services, Form CMS-20053 (1/2018) Dining Observation, CMS-20075 (5/2017) Nutrition Critical Element Pathway, CMS 20092 (5/2017) Hydration Critical Element Pathway and Specialized Rehabilitative or Restorative Services Critical Element Pathway, Form CMS 20080 : <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>