**Restorative Nurse Competency Checklist-Restorative Nursing**

*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** |
| **Restorative Nurse or Nurse in Charge of Restorative Nursing****\*\*Complete this checklist in addition to the Licensed Nurse checklist** | Demonstrate understanding and concepts of a restorative/rehabilitation program |  |  |  |  |  |  |  |
| Demonstrate understanding of the principles and purpose of restorative nursing |  |  |  |  |  |  |  |
| List the types of Restorative Programs* PROM
* AROM
* Splint/Brace
* Bed Mobility
* Transfer
* Walking
* Dressing
* Grooming
* Eating/Swallowing
* Amputation/ Prosthesis Care
* Communication
* Toileting
 |  |  |  |  |  |  |  |
| Describe the role of therapy in restorative nursing care interventions |  |  |  |  |  |  |  |
| Describe the types of assistive devices utilized in Restorative programs and how they are used |  |  |  |  |  |  |  |
| List members of the restorative team and roles |  |  |  |  |  |  |  |
| Demonstrates use of an updated Restorative Program List/Log:* Name
* Room
* Restorative Program
 |  |  |  |  |  |  |  |
| Demonstrates program oversight:* Documentation
* Adaptive Equipment
* Program Implementation
* Audits CNA/RA Technique and compliance with care plan
 |  |  |  |  |  |  |  |
| Demonstrates proper MDS 3.0 Coding for Sections:* G
* GG
* H
* O
* (other):
 |  |  |  |  |  |  |  |
| Verbalizes understanding of Quality Measures related to incontinence and resident function |  |  |  |  |  |  |  |
| Verbalizes understanding of Federal Requirements of Participation for Restorative Nursing:* F684: Quality of Care
* F676: Activities of Daily Living – Maintain Abilities
* F677: ADL Care Provided for Dependent Residents
* F686: Pressure Sores
* F690: Incontinence
* F688: Increase/Prevent Decrease in Range of Motion/Mobility
* F636: Comprehensive Assessments & Timing
* F658: Services Provided Meet Professional Standards
* F 656 Comprehensive Care Plans
* F689: Free of Accident Hazards/Supervision/Devices
 |  |  |  |  |  |  |  |
| Verbalizes program requirements for Restorative Nursing as indicated in the MDS RAI Manual for:* Section H
* Section O0500
 |  |  |  |  |  |  |  |
| Demonstrates documentation responsibilities of the Restorative Nurse:* Assessment Process
* RAI Process
* Monthly and Quarterly Reviews
* Care Plan Development and Revisions
* Communication
* Etc.
 |  |  |  |  |  |  |  |
|  | Verbalizes requirements for Restorative Group Programs |  |  |  |  |  |  |  |
| **Other (Describe)**  |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**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 (CMS) Specialized Rehabilitative or Restorative Services Critical Element Pathway, Form CMS 20080 (5/2017): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

**\*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)***