**Restorative Nurse Competency Checklist-Restorative Nursing**

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**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** |
| **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:**

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

**Evaluator/Trainer:**

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**Initials Signature Date**

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