**Specialized Rehabilitation Staff Competency Checklist**

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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** |
| **Specialized Rehabilitation Staff Competency Checklist- Specialized Rehabilitation** | Demonstrates involvement of resident/resident representative in the development of the person-centered care plan and defining the approaches and goals with specialized rehabilitation |  |  |  |  |  |  |  |
| Verbally defines qualified personnel  (PT, OT, SLP, RT) |  |  |  |  |  |  |  |
| Understands in situations where there are differences between federal and State supervision requirements the regulation with the greater level of supervision will apply |  |  |  |  |  |  |  |
| Understands the responsibilities of the role: PTA/OTA can provide services when under the supervision of a qualified therapist |  |  |  |  |  |  |  |
| Verbalizes the delegation process for specialized rehabilitation by a physician, NP, clinical nurse specialist |  |  |  |  |  |  |  |
| Describes protocol for resident refusal of care:   * Attempt to identify reason for refusal * Assessment * Alternatives offered * Risk/benefit discussion * Notifications * Documentation of process |  |  |  |  |  |  |  |
| Demonstrates proper MDS 3.0 Coding |  |  |  |  |  |  |  |
| Demonstrates ability to coordinate the resident’s care and monitor the outcomes |  |  |  |  |  |  |  |
| Demonstrates ability to recognize decline, maintenance and improvement |  |  |  |  |  |  |  |
| Describes process for communication between healthcare providers such as nursing, social services, dietary, activities, specialized rehabilitation team, physician, NP or CNP. |  |  |  |  |  |  |  |
| Uses the facility assessment to ensure resources available |  |  |  |  |  |  |  |
| Understands staff competencies are necessary to provide the level and types of care needed for the resident population |  |  |  |  |  |  |  |
| Demonstrate ability to write care plan/services required/orders. |  |  |  |  |  |  |  |
| Demonstrates implementation of care plan interventions for each member of the healthcare team |  |  |  |  |  |  |  |
| Describes documentation requirements for progress, maintenance and decline of resident function |  |  |  |  |  |  |  |
| **Preadmission Screening** | Understands the PASARR process, specific roles and responsibilities related to the provision or securing of specialized rehabilitation services as indicated |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

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

**\*Employee:**

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**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 (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>