**CNA Dementia Care 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** |
| **CNAs** | Identify the primary causes of dementia:   * Alzheimer’s disease * Vascular disease * Lewy body disease * Frontotemporal disorders * Parkinson’s disease |  |  |  |  |  |  |  |
| Discuss the definition and significance of delirium. |  |  |  |  |  |  |  |
| Describe have brain changes affect the way a person with dementia functions and behaves. |  |  |  |  |  |  |  |
| Discuss why it is important to personalize the care provided to someone with dementia. |  |  |  |  |  |  |  |
| Discuss the characteristics of person-centered care. |  |  |  |  |  |  |  |
| Describe care practices that help the person with dementia be comfortable and secure. |  |  |  |  |  |  |  |
| Describe care practices that help the person with dementia live a full and meaningful life. |  |  |  |  |  |  |  |
| Describe how knowing a person’s background, culture, and experiences can help provide person centered care. |  |  |  |  |  |  |  |
| Describe how one’s own background, culture, experiences, and attitudes affect one’s care delivery. |  |  |  |  |  |  |  |
| Demonstrate provision of physical care that match the needs and abilities of the person with dementia. |  |  |  |  |  |  |  |
| Demonstrate safe practices in the care of the person with dementia. |  |  |  |  |  |  |  |
| Demonstrate consideration of the person’s abilities, needs, desires, and interests to ensure their greatest comfort, a sense of well-being, and independence. |  |  |  |  |  |  |  |
| Demonstrate how to obtain and to use information about the person’s personal history; personal, religious, and spiritual preferences; cultural and ethnic background. |  |  |  |  |  |  |  |
| Identify and support the feelings of the person with dementia whether verbalized or non-verbalized. |  |  |  |  |  |  |  |
| Demonstrate effective listening and communication techniques with someone who has dementia. |  |  |  |  |  |  |  |
| Discuss how a person’s environment may affect them. |  |  |  |  |  |  |  |
| Discuss why a person with dementia may be more vulnerable to abuse and neglect. |  |  |  |  |  |  |  |
| Demonstrate support and encouragement for the person with dementia to continue their usual activities, social life, and community involvement. |  |  |  |  |  |  |  |
| Discuss the concept that all behavior has meaning and is a form of communication, possibly reflecting emotions or unmet needs. |  |  |  |  |  |  |  |
| Describe helpful responses to behaviors that may place the resident or others at risk for physical illness or injury, interfere with care, intrude on privacy, and/or disrupt the living environment. |  |  |  |  |  |  |  |
| Demonstrate inclusion of the resident’s family as part of the caregiving team. |  |  |  |  |  |  |  |
| Identify helpful ways to prevent and cope with caregiver stress and burnout. |  |  |  |  |  |  |  |
|  | Identify ways to cope with grief and loss. |  |  |  |  |  |  |  |
| Demonstrate positive ways to talk with supervisors and co-workers to address differences and ideas about caregiving and what you believe may be best for the person with dementia. |  |  |  |  |  |  |  |
| Demonstrate facility documentation standards for behavioral health conditions. |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**References**

Centers for Medicare & Medicaid Services 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>

LTC Survey Pathways (Download) CMS 20133 Dementia Care Critical Element Pathway

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

“Knowledge and Skills Needed for Dementia Care: A Guide for Direct Care Workers in Everyday Language” (Download)

<http://www.nasuad.org/hcbs/article/knowledge-and-skills-needed-dementia-care-guide-direct-care-workers-everyday-language>

**\*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)***