**Nursing Assistant/Feeding Assistant Competency Checklist-**

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

**Diet and Food Textures**

**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** |
| **Nursing Assistant and/or Feeding Assistant Competency Checklist- Diet/Food Textures** | Identifies resident receives proper diet/food texture as ordered by the physician and identified on the diet card/care plan  \*\*Please identify each type of diet per facility process |  |  |  |  |  |  |  |
| Demonstrates process to ensure resident receives the correct diet/food texture with all snacks or nourishments in between meals |  |  |  |  |  |  |  |
| Demonstrates proper thickening of liquids per physician order using manufacturer’s recommendation for liquids that are not provided pre-thickened |  |  |  |  |  |  |  |
| Demonstrates following the care plan for all swallowing and/or chewing interventions for residents |  |  |  |  |  |  |  |
| Demonstrates and/or verbalizes immediate notification and steps for dining/eating emergencies |  |  |  |  |  |  |  |
| Ensures resident is at correct type of table with proper positioning to accommodate individualized needs |  |  |  |  |  |  |  |
|  | 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 |  |  |  |  |  |  |  |
| When assisting resident during dining, sits and is at eye level in front or to the side of the resident |  |  |  |  |  |  |  |
| If resident is on a Restorative Eating Program, care plan interventions are followed |  |  |  |  |  |  |  |
| CNA to follow individualized directions for residents on a Restorative Swallowing Program (Feeding Assistants not to assist residents on a Swallowing Program) |  |  |  |  |  |  |  |
| Verbalizes signs/symptoms of chewing and swallowing difficulties and notification of the nurse[[1]](#footnote-1):   * Refusal to eat particular food consistencies * Coughing with eating * Sneezing * Watery eyes * Runny nose * Food remains in mouth * Voice changes * Resident verbalizes difficulty with 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>
* International Dysphagia Diet Standardisation Initiative: <https://iddsi.org/>

American Speech-Language-Hearing Association. Adult Dysphagia: <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942550&section=Signs_and_Symptoms>

1. American Speech-Language-Hearing Association. Adult Dysphagia: <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942550&section=Signs_and_Symptoms> [↑](#footnote-ref-1)