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

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**Dining Assistance Techniques and Adaptive Equipment**

**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- Dining assistance techniques and adaptive equipment** | Demonstrates/offers verbal cues according to care plan interventions |  |  |  |  |  |  |  |
| Verbalizes proper resident use of a plate guard or lipped plate (used in cases of weakness or poor hand coordination)  |  |  |  |  |  |  |  |
| Verbalizes proper resident use of Mugs with handles |  |  |  |  |  |  |  |
| Verbalizes proper resident use of Rocker knife |  |  |  |  |  |  |  |
| Verbalizes proper resident use of utensils:   1. with built up handle 2. weighted utensil 3. non-slip handle |  |  |  |  |  |  |  |
| Demonstrates/verbalizes immediate notification and steps for dining/eating emergencies |  |  |  |  |  |  |  |
| Ensures resident is at correct type of table to accommodate individualized needs |  |  |  |  |  |  |  |
| Demonstrates documentation of meal intake |  |  |  |  |  |  |  |
| Demonstrates hand over hand assistance at mealtime according to care plan interventions |  |  |  |  |  |  |  |
| Ensures adaptive devices are returned to the kitchen for cleaning |  |  |  |  |  |  |  |
| Ensures resident has appropriate assistive devices according to care plan |  |  |  |  |  |  |  |
|  | 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 |  |  |  |  |  |  |  |
| Offers appropriate conversation with resident during mealtime. |  |  |  |  |  |  |  |
| When assisting resident during dining, sits and is at eye level in front or to the side of the resident |  |  |  |  |  |  |  |
| Uses/demonstrates specific techniques as care planned to enhance swallowing |  |  |  |  |  |  |  |
| 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) |  |  |  |  |  |  |  |
| **Infection Control** | Demonstrates proper infection control practices when providing dining assistance |  |  |  |  |  |  |  |
| **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, 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>