



Building on a Culture of Quality
Your Guide to Outstanding Person-Centered Care

Nursing Home Staff Competency Assessment

**For Registered Nurse (RN) and
Licensed Practical/Vocational Nurse (LPN/LVN)**

What is the Purpose of a Competency Assessment?

Competency assessments are an important tool to:

- **Identify your strengths**
- **Highlight growth areas** by analyzing your and your team's learning needs
- **Encourage professional development** through discussions between you and your supervisor
- **Increase job satisfaction**, which leads to higher quality of care and life for residents

What you should know:

This **situation-based, multiple choice** assessment consists of three sections:



Behavioral



Technical

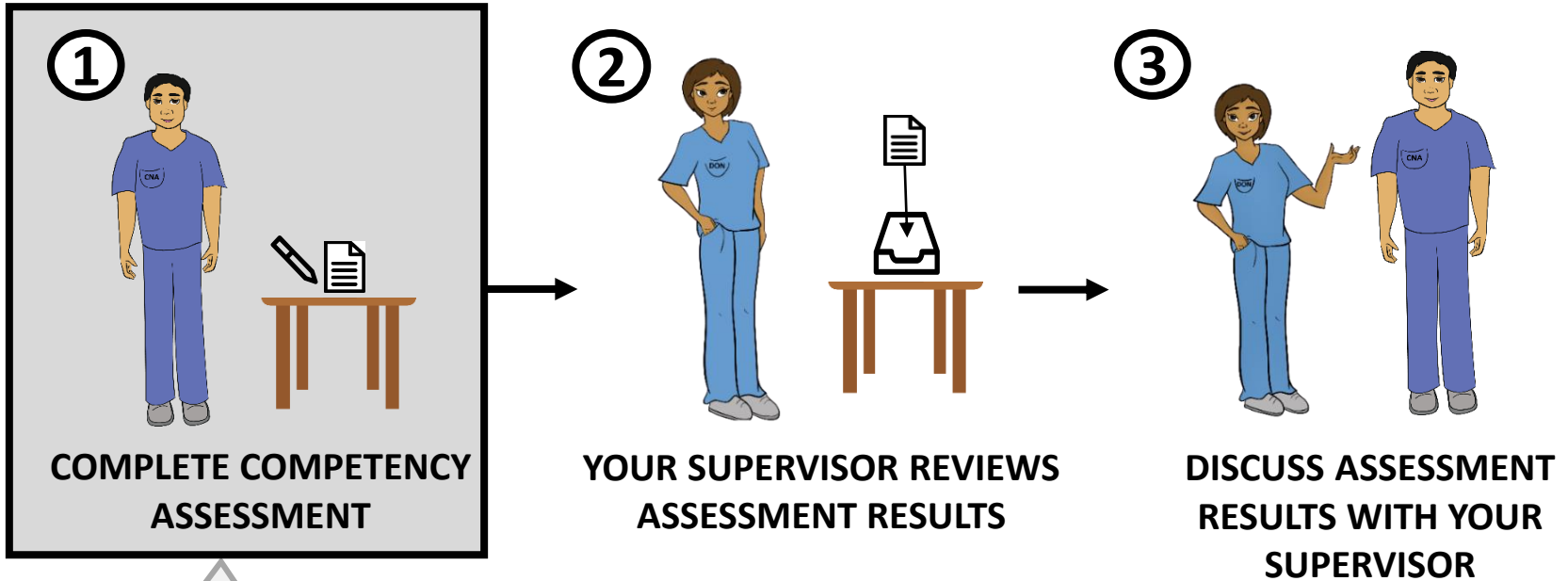


Resident-Based

The assessment should take you about **1 hour to complete**, and the results will:

- ✓ **HELP** you share professional strengths and growth areas with management
- ✓ **HELP** your facility continue to build a culture of quality care for residents
- X **NOT** be used against you
- X **NOT** be shared with federal or state officials/surveyors

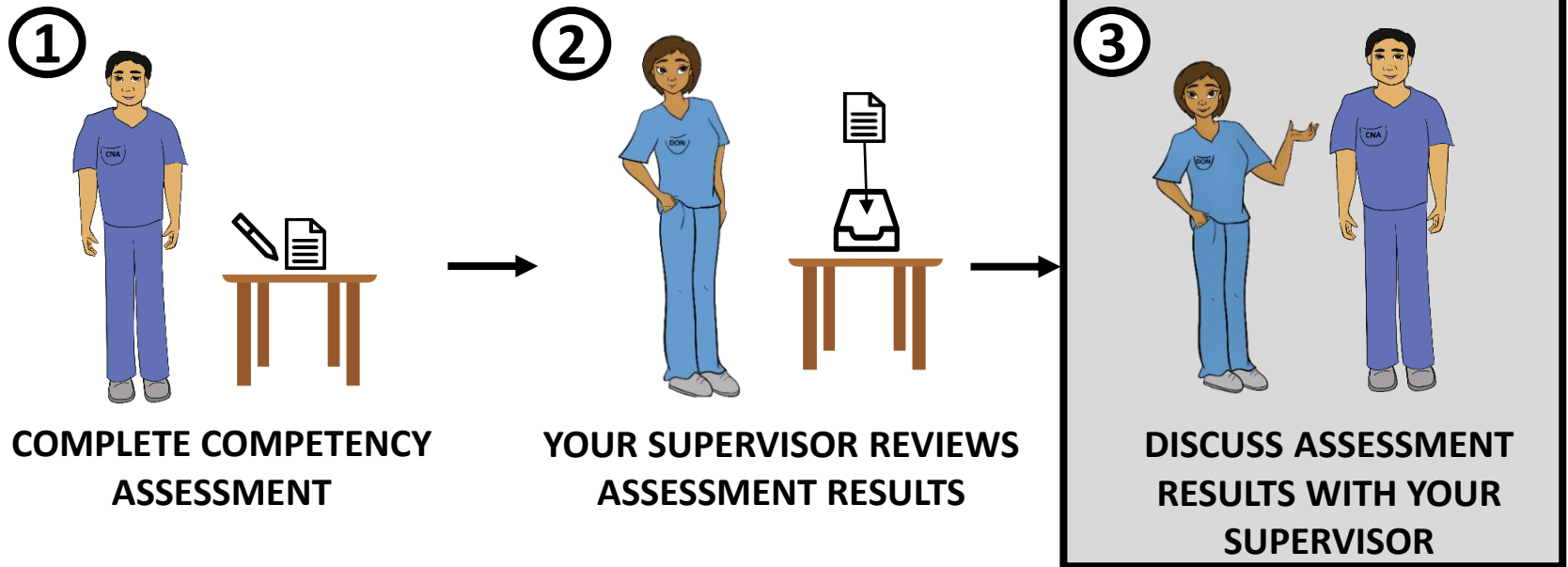
Completing the Assessment Process



BEFORE YOU BEGIN

1. **ASK** where you should return the assessment when you're done.
2. **USE** a blue or black ink pen to clearly mark your answers.
3. **STAPLE** all your pages together before you return the completed assessment.

Completing the Assessment Process



AFTER YOU FINISH

Your supervisor will meet with you to review your results, answer any questions you have and identify how leadership can help you address your competency growth areas.

Helpful tips before you meet with your supervisor:

1. **REVIEW YOUR RESULTS:** Identify any questions or competency areas you want to discuss.
2. **BE PREPARED:** Prepare to share strengths and growth areas, and come with ideas on how you can develop professionally.
3. **BE OPEN TO FEEDBACK:** Your position requires continuous learning to provide residents with the highest quality of care. This is an opportunity to learn and your supervisor is there to support you.

Tips for Completing the Assessment

Ethics

Completes roles and responsibilities and their families consistent with

This gives you a **brief description** of the section you are viewing.

ethical decision-making by residents of honesty and resident consent.

1. A resident has end-stage esophageal cancer. She wants to continue to eat food with normal consistencies. The resident's family members do not agree on the right course of action. You:

- ☐ A. Request a care plan meeting with the resident and her family members.
- ☐ B. Encourage the resident to eat what she wants.
- ☐ C. Inform the administrator are aware of the situation.
- ☐ D. Inform the resident's family members of the situation.

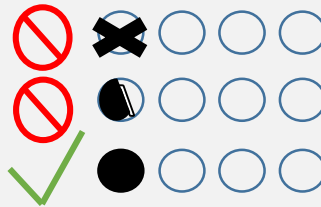
2. Which

- ☐ A. I
- ☐ B. A
- ☐ C. I
- ☐ D. I

3. In an h and unc most app

- ☐ A. Assign the resident to a nursing assistant (CNA) who is from Me translate for the admission.
- ☐ B. Proceed with the admission, not knowing any Spanish and keep
- ☐ C. Ask the hospital nurse which Culturally and Linguistically Appro she used, and obtain the CLAS contact information.
- ☐ D. Ask the resident's neighbor to stay and help with the admission, since the neighbor knows the resident best.

Fill in the circle next to the answer you want to select.



Choose **only one answer** per question

Use this bar to **track your progress** through the assessment.



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4 Steps for Success

1. **READ** each question carefully, and consider the topic and answer choices before selecting your response.
 2. **NOTE** any question(s) that you may want to discuss with your supervisor.
 3. **SIGN** the last page in each of the three sections to confirm your answers.
 4. **DISCUSS** your results with your supervisor.
-

Please enter your FIRST and LAST NAME below:

Please select your position:

Registered Nurse (RN)

Licensed Practical/Vocational Nurse (LPN/LVN)



Behavioral Competencies



Advocacy

Ensures the resident has active participation in all parts of his/her own health care (i.e., right to self-determination, right to access to information and privacy, preferences for care, decisions). Represents the resident when requested or when the resident is not able to advocate for one's self. Promotes staff education on resident rights and the responsibilities of the facility to ensure services enhance care within the organization.

1. Your unit will begin using a new IV pump and the training is scheduled for 15 minutes before the end of your shift. You:

- A. Complete your work in time to attend the training so that you fully understand the capabilities of the new equipment.
- B. Ask your coworkers to tell you what they learn.
- C. State that pumps are all the same and that you will figure it out when the pump gets to the unit.
- D. Hope you never have to use it.

2. Professional standards include providing person-centered care. An example of person-centered care is:

- A. Follow a plan of care that is the same for every person.
- B. Follow a plan of care that respects the unique needs of each individual.
- C. Follow a plan of care that makes work easy for the staff.
- D. Follow the same plan of care for all residents, due to limited time.

3. Development of a pressure ulcer/injury related to failure to turn and reposition a resident can be defined as:

- A. Physical abuse.
- B. Financial abuse.
- C. Neglect.
- D. Emotional abuse.

4. You notice a resident has started coming out of his room less and seems depressed (e.g., loss of interest, persistent sadness, isolation, etc.) since he moved to your unit from a unit where he lived for many years. He tells you he wants to go back to his old unit with his friends. You know his daughter requested the unit change. You:

- A. Believe in time the resident will adjust and do nothing for now.
- B. Share the resident's status with the interdisciplinary team and support finding a better solution for the resident.
- C. Tell the daughter her father is depressed because she made him move.
- D. Tell the resident the move was for his own good and that he will get better care on your unit.

5. As a professional nurse in an interdisciplinary team, you:

- A. Share information about a resident's change in condition with a treating therapist.
- B. Participate in making sure that the resident's plan of care reflects the resident's preferences, choices and goals.
- C. Communicate orders for diet changes with the dietary team.
- D. All of the above.

Advocacy (Continued)

Ensures the resident has active participation in all parts of his/her own health care (i.e., right to self-determination, right to access to information and privacy, preferences for care, decisions). Represents the resident when requested or when the resident is not able to advocate for one's self. Promotes staff education on resident rights and the responsibilities of the facility to ensure services enhance care within the organization.

- 6. An alert and oriented resident wants to self-administer her medication. This requires completing a self-administration of medication assessment, changing medication storage, updating the care plan and involving the interdisciplinary team to make sure she is safely able to manage her medication. Additionally, you need to ensure it is documented daily that the medication is taken as prescribed. You:**
 - A. Tell her it is easier on the staff if she allows the staff to manage her medication.
 - B. Support her decision and begin the process to make sure she can manage her medication safely.
 - C. Tell the Director of Nursing Services (DON/DNS) you do not want to do it because it is time consuming.
 - D. Ask the resident's family member to convince her to change her mind.
- 7. In your role as an advocate for residents, you:**
 - A. Assist the resident in scheduling and getting to medical appointments.
 - B. Make sure to record resident's medication information, including last dose and allergies. You include this information in transfer documents when the resident is sent to the hospital.
 - C. Help the resident understand information about new medications.
 - D. All of the above.
- 8. The definition of nursing autonomy is: "The ability to act according to one's knowledge and judgment, providing nursing care within the full scope of practice as defined by existing professional, regulatory and organizational rules." This means:**
 - A. You may administer an anti-hypertensive medication and monitor for effect if the resident's blood pressure is elevated and meets the parameters of the physician's order.
 - B. You may order labs without a physician's order for a resident with an elevated temperature.
 - C. You may administer two Tylenol tablets without an order to a resident with an elevated temperature, as long as you document in the nurse's notes that the medication was administered using the "rights" of medication administration.
 - D. You may administer a one-time dose of Milk of Magnesia to a resident complaining of constipation without a physician's order



Communications

Interacts and effectively communicates with residents, families and staff while “fostering respect and shared decision-making” in order to improve residents’ care coordination and satisfaction. Utilizes communication technology and knowledge of the English language to read, write and speak effectively with others in order to convey and understand information and ideas clearly. Utilizes effective communication skills such as active listening, providing feedback and full attention, addressing emotional behaviors and barriers, resolving conflict and understanding the role diversity and aging can play in communication.

1. Conversations regarding advanced directives should occur:

- A. On admission.
- B. During care plan meetings.
- C. When there is a change of condition.
- D. All of the above.

2. The following strategies should be used when communicating with people who have speech or language difficulties:

- A. Sit or squat to be at eye level and make eye contact.
- B. Allow extra time for communication.
- C. Use gestures or a pen and paper to draw or write.
- D. Finish the person’s sentences so they don’t get frustrated.
- E. A, B and C.

3. Your participation in interdisciplinary team meetings and documentation of medical records is:

- A. Very important.
- B. Not Important.
- C. Neutral.



Communications (Continued)

Interacts and effectively communicates with residents, families and staff while “fostering respect and shared decision-making” in order to improve residents’ care coordination and satisfaction. Utilizes communication technology and knowledge of the English language to read, write and speak effectively with others in order to convey and understand information and ideas clearly. Utilizes effective communication skills such as active listening, providing feedback and full attention, addressing emotional behaviors and barriers, resolving conflict and understanding the role diversity and aging can play in communication.

4. How would you handle communicating with the emergency room during the transfer of care of a resident? Select the appropriate hand off method:

- A. Tell the ambulance provider that you will fax the paperwork later.
- B. Copy and provide documents based on your facility’s transfer protocols.
- C. Give a verbal report to the accepting emergency department nurse before transferring the resident.
- D. B and C.

5. What should you know when observing and interpreting a resident’s nonverbal communication?

- A. Patients are usually aware of his/her nonverbal cues.
- B. Verbal responses are more important than nonverbal cues.
- C. Nonverbal cues provide important information and need to be acknowledged.
- D. Nonverbal cues have obvious meaning and are easily interpreted.

6. My beliefs and opinions believe should not adversely affect the care I provide to residents or my communication with residents, families and coworkers.

- A. True.
- B. False.



Conflict Resolution

Handles complaints, arguments and conflicts as appropriate. Understands potential crises and behaviors. Takes the appropriate steps to resolve the situation or reduce risk and/or danger.

1. Which of the following is NOT a conflict resolution skill?

- A. Negotiation.
- B. Isolation.
- C. Communication.
- D. Validation.

2. A resident wants to sign a do-not-resuscitate (DNR) and is able to understand the meaning and outcome. However, the resident's daughter is not allowing her parent's wishes to be honored. Whom would you notify of the conflict?

- A. Facility social worker.
- B. The Director of Nursing Services (DON/DNS) and the administrator.
- C. Resident's medical practitioner.
- D. All of the above.

3. One good way for teams to share information and reach agreement is in care team "huddles" at the nurses' station.

- A. True.
- B. False.

4. To prevent a dangerous situation in the facility, you should watch for _____.

- A. Resident-to-resident conflicts.
- B. Unauthorized individual wandering in the facility.
- C. An angry family member threatening staff with violence.
- D. All of the above.



Education and Training

Shows an interest in learning and applies new skills and knowledge learned.1 Creates learning plans using a basic understanding of methods of instruction. Understands that lifelong learning is key to gaining knowledge and competence needed to be successful in his/her position. Completes required annual trainings and learning hours to ensure continuing competence in field.

1. The best way to learn about changes in facility policy and procedure is through training and in-services.

- A. True.
- B. False.

2. Which of the following could be used to assess a learner's needs, abilities and goals?

- A. Request a demonstration of current skill capabilities.
- B. Ask the learner what his/her goals are and what he/she needs to learn to achieve those goals.
- C. Rely on what has worked for other people in the past.
- D. A and B.

3. A good way to teach a new skill is to show someone how to do it and then ask him/her to teach the new skill back to you.

- A. True.
- B. False.

4. Professional development includes:

- A. Going to a workshop on pressure ulcer/injury prevention.
- B. Attending training on person-centered care.
- C. Joining the professional organization for your role.
- D. All of the above.

5. An example of how to assess your own skills includes:

- A. Request feedback from a supervisor about job performance.
- B. Be upset by suggestions to improve performance.
- C. Be too hard on yourself.
- D. Avoid changing when issues are pointed out.

6. A resident has a wound that requires complex dressing, which you do not understand. The facility has a wound care nurse who works Monday through Friday. You will be in charge of the dressing on the weekends. What is the best way to approach the complex wound dressing?

- A. Wait until it is time to change the dressing and worry about it then.
- B. Ask the wound nurse to train you on the correct way to apply the dressing.
- C. Watch a YouTube video on how to change the dressing.
- D. Ask a coworker to change the dressing for you.



Ethics

Completes roles and responsibilities within the ethical structure of their profession and supports ethical decision-making by residents and their families consistent with the residents values and beliefs. Understands the importance of honesty and resident consent.

1. A resident has end-stage esophageal cancer. She wants to continue to eat food with normal consistencies. The resident's family members do not agree on the right course of action. You:

- A. Request the resident's physician participate in a special care plan meeting with the resident and her family members.
- B. Ensure the resident fully understands the consequences of her choice.
- C. Ensure the facility Director of Nursing Services (DON/DNS) and administrator are aware of the situation.
- D. All of the above.

2. Which statement is TRUE?

- A. Providing quality end-of-life care means not needing to consult with others.
- B. Assessing for constipation is important in a dying person even if he/she is not eating.
- C. Treating an infection with antibiotics may be inappropriate for someone who is actively dying.
- D. Determining why a dying older person is confused would be an inappropriate use of resources.

3. In an hour, a new resident will be admitted to your facility from the hospital. The hospital nurse tells you the resident is from Spain and understands and speaks only Spanish. The resident has no family members accompanying him, only a neighbor. Which action is most appropriate?

- A. Assign the resident to a nursing assistant (CNA) who is from Mexico and speaks Spanish fluently. Use the CNA to help translate for the admission.
- B. Proceed with the admission, not knowing any Spanish and keeping the resident's information private.
- C. Ask the hospital nurse which Culturally and Linguistically Appropriate Services (CLAS) approved the translation service she used, and obtain the CLAS contact information.
- D. Ask the resident's neighbor to stay and help with the admission, since the neighbor knows the resident best.



Leadership

Influences the behavior of individuals and groups in his/her facility, helps establish shared goals and objectives, and demonstrates leadership characteristics and abilities that promote person-centered care. Facilitates shared problem-solving, decision-making and planning with interdisciplinary team members.

1. You hear a housekeeper yelling for a nurse. You go to the room and find a resident unconscious on the floor in the bathroom. You:

- A. Begin to evaluate the resident while the housekeeper gets another nurse to respond with the resident's chart and a crash cart.
- B. Ask the housekeeper to stay with the resident as you check the chart to see if the resident is a "Do Not Resuscitate" (DNR).
- C. Run down the hall to get the crash cart.
- D. B and C.

2. You overhear a nursing assistant (CNA) report a concern about a resident to her nurse. You notice that over the next 30 minutes, the charge nurse has not left the nurses' station to check on the concern. What should you do?

- A. Stay out of it because the resident is not assigned to you.
- B. Ask the CNA how the resident is doing.
- C. Offer to go with the assigned charge nurse to assess the resident.
- D. Go and tell the Director of Nursing Services (DON/DNS) your concern.

3. As a charge nurse, you have to modify the original CNA assignment due to staffing conflicts. Which leadership approach would you implement when dealing with frustrated staff?

- A. Huddle with the staff to collaboratively reassign responsibilities.
- B. Set the expectation that everyone must work as a team.
- C. Active listening.
- D. All of the above.

4. To contribute to your success as a nurse, you do the following:

- A. Find a nurse who knows the facility well and has a leadership style from which you can learn.
- B. Evaluate your team member's skills, strengths and weaknesses.
- C. Be open-minded to new ideas discussed in team meetings.
- D. All of the above.



Problem-Solving

Applies critical thinking skills, knowledge of mathematics, and ability to combine information to make conclusions. Detects and recognizes changes in residents. Collaborates with others to evaluate interventions. Makes recommendations to the care plan, deduces risk and improves care for residents.

1. A new resident, Mr. Jones, has fallen three times on your shift. What would the first step be in finding a solution to this problem?

- A. Put a fall mat by his bed.
- B. Move him closer to the nurses' station.
- C. Review the times, places and circumstances of his falls. Look for common contributing factors.
- D. Continue the current care plan with no changes.

2. A post-fall "huddle" is one example of using an effective team strategy to address a problem.

- A. True.
- B. False.

3. Which of the following is an example of a barrier to person-centered care?

- A. Failing to communicate resident's preferences to the team who is caring for the resident.
- B. Respecting the resident's wish to remain in bed late in the morning.
- C. Participating or hosting interdisciplinary team meeting to update the resident plan of care.
- D. Having night shift staff get a resident up and showered to honor lifelong pattern of early rising in the morning.

4. Mrs. Smith is complaining of sudden onset shortness of breath. What is your first step?

- A. Review Mrs. Smith's medical record for history, recent labs, medication changes or other factors that may help understand her change of condition.
- B. Call Mrs. Smith's medical practitioner and ask for an order for nebulizer treatments.
- C. Obtain O₂ saturation levels and vital signs for Mrs. Smith. Evaluate lung sounds. Check for lower extremity edema.
- D. Ask the nursing assistant (CNA) to keep an eye on Mrs. Smith and report back to you if it gets worse.

5. A recent swallow study indicates a resident is unable to swallow thin liquids safely, but he is refusing to drink the honey-thick liquid the speech therapist ordered. What is the best approach to this situation?

- A. Supply thin liquids so he does not get dehydrated. Watch him carefully as he drinks them.
- B. Continue to offer honey-thick liquids. Document his refusal to drink them.
- C. Communicate the refusals to the speech therapist, medical practitioner and Director of Nursing Services (DON/DNS). Request to attend an interdisciplinary team meeting to support finding a solution the resident will accept.
- D. Call the medical practitioner to inform him/her that the resident is noncompliant with his diet order.



Professionalism

Shows professional standards and work behaviors. Provides care that is consistent with moral, legal, and ethical principles for their practice. Maintains a professional manner at work. Shares professional values, attitudes, and thoughts related to person-centered care for residents and their families.

1. It is acceptable to call in sick if your supervisor is upset with you. This gives him/her time to cool off.

- A. True.
- B. False.

2. Select all the ways you can advance your professional knowledge.

- A. Participate in in-service training.
- B. Get information from Wikipedia.
- C. Take a course to advance your knowledge and skills.
- D. A and C.

3. Self-care is an important part of your professional responsibility. Some examples of self-care are:

- A. Saying no to overtime shifts when you are already tired.
- B. Calling in sick to go to a concert.
- C. Learning to manage stress by getting enough sleep, exercise and nutritious foods.
- D. A and C.

4. A resident's daughter is angry. She approaches you and says, "None of you people know what you are doing." You:

- A. Tell her that she is upsetting the other residents and she should quiet down.
- B. Calmly acknowledge her concerns. Find a private place to talk with her. Follow your facility's protocols regarding grievances or abuse and neglect, if needed.
- C. Walk away, because no one should talk to you like that.
- D. Tell her that her mother is not your resident.



Professionalism (Continued)

Shows professional standards and work behaviors. Provides care that is consistent with moral, legal, and ethical principles for their practice. Maintains a professional manner at work. Shares professional values, attitudes, and thoughts related to person-centered care for residents and their families.

5. Your supervisor asks you to perform a task that is outside your scope of practice. You:

- A. Do it because your supervisor gave you permission.
- B. Say “no” and walk out because you have to protect yourself.
- C. Respectfully explain to the supervisor that the task is outside of your responsibilities.
- D. Read the facility policy and procedure before performing the task.

6. Documenting that you gave care when you have not given care is okay if you complete the task by the end of your shift.

- A. True.
- B. False.

7. After your shift, several coworkers go out to eat. Some staff members begin to talk negatively about your new manager. You:

- A. Agree and state that you do not like the way things are going. You mention you are looking for a new job.
- B. Change the conversation to something that is not facility-related.
- C. Take bets on how long the new manager will be employed at the facility.
- D. Tell them the new manager is friends with important people, so they should be careful about what they say.



Teamwork and Collaboration

Promotes interdisciplinary team collaboration through problem-solving and intervention planning that focuses on resident needs. Sees self as part of a team and values open communication, respect, shared decision-making, team learning and professional development.

1. Which of the following are examples of times when the interdisciplinary team needs to share information?

- A. Fall prevention.
- B. Pressure ulcer/injury prevention and management.
- C. Resident care plan discussions.
- D. All of the above.

2. A new nurse starts on your unit and you see that he is struggling with completing tasks on time. You:

- A. Do nothing; he will figure it out, or he does not need to be here.
- B. Share with him your challenges with the transition to a new facility and some of the techniques you use to complete tasks.
- C. Tell the Director of Nursing Services (DON/DNS) that the new nurse is not going to make it in his role.
- D. None of the above.

3. The risk(s) related to transferring the care of a resident to a different professional caregiver include:

- A. Mistaken duplication of medication administration.
- B. Critical lab results overlooked.
- C. Unrecognized delirium in a resident with dementia.
- D. All of the above.

4. During an interdisciplinary team (IDT) meeting, the team discusses a resident who has several comorbidities. The team strategizes how to meet the resident's needs. You:

- A. Listen to all perspectives.
- B. Take the opportunity to catch up on your documentation and listen while the others share.
- C. Openly share your knowledge of the resident, his challenges and goals.
- D. A and C.

5. Snacks are consistently delivered 30 minutes late to the unit, which is the same time staff do positioning and toileting rounds. What is the best way to resolve this issue as a team?

- A. Go to the kitchen and tell the staff that they need to deliver snacks on time.
- B. Tell your staff that dietary will never deliver them on time, so we need to adjust our tasks and activities.
- C. Talk with the DON/DNS about scheduling an interdisciplinary team meeting to discuss and resolve.
- D. Tell the nursing assistant (CNA) to take the snack cart back to the kitchen, since the time for snacks is over.



Time Management and Adaptability

Manages time and prioritizes tasks in order to safely complete responsibilities. Recognizes the importance of consistent caregivers for residents. Takes initiative, adjusts actions as prioritizes change, and performs effectively.

1. What should you consider when determining the best time to take a break?

- A. Facility policy.
- B. My daily personal obligations (e.g., picking my kids up from school).
- C. My resident needs are met, residents are being supervised and a clinical peer agreed to be available if my staff or residents need something while I am away.
- D. A and C.

2. The Minimum Data Set (MDS) nurse assigned to monitor the dining room during resident lunch is not present. Lunch is being served, and your morning tasks are complete. You:

- A. Page the MDS nurse to the dining room.
- B. Tell the administrator that no one from management is covering the dining room.
- C. Go to the dining room to supervise and ensure safe dining until appropriate relief arrives.
- D. Mind your business, and wait for your hall trays to arrive.

3. You are notified that a diabetic resident has a 12:30 p.m. medical appointment. You:

- A. Notify the resident's nursing assistant (CNA) of the appointment and the time the resident needs to be ready.
- B. Communicate with the resident's usual caregivers about the timeframe in which the resident will be unavailable.
- C. Notify the kitchen staff that the resident will need an early lunch tray and a snack today.
- D. All of the above.

4. You are reviewing resident lab results and find that two INRs are critical. Prioritize the four activities below:

- a) Notify the resident's medical practitioner.
- b) Inform the medication aide/nurse of the critical INR and tell him/her to hold the medication until further instructions are received from the medical practitioner.
- c) Notify the resident/resident representative.
- d) Ask the CNA if he/she saw any evidence of bleeding. Instruct him/her to report any new bleeding.

- A. c, d, a, b
- B. d, a, b, c
- C. b, d, a, c
- D. b, c, a, d



Congratulations, you completed the behavioral competency assessment!

Please complete the steps below.

1. Enter your FIRST and LAST name in the box below.

2. “SUBMIT” the completed section to your manager for scoring.

Make sure to double check all your answers. Your supervisor will score your assessment after you complete all three sections and will provide you with a final score card.

You will not be penalized for your scores. Your scores are here to help you identify competency gaps in order to provide the highest quality of care to residents.





Scorecard: Behavioral Competencies

MANAGERS: Use the following table to help calculate a staff member's scores.

Competency	Number of Correct Answers	Multiply by Point Value	Score	Divide by Possible Score	%
<i>Example of scoring</i>	4	x 2 =	8	/ 10 =	80%
1) Advocacy		x 2 =		/ 16 =	
2) Communications		x 2 =		/ 12 =	
3) Conflict Resolution		x 2 =		/ 8 =	
4) Education and Training		x 2 =		/ 12 =	
5) Ethics		x 2 =		/ 6 =	
6) Leadership		x 2 =		/ 8 =	
7) Problem-Solving		x 2 =		/ 10 =	
8) Professionalism		x 2 =		/ 14 =	
9) Teamwork and Collaboration		x 2 =		/ 10 =	
10) Time Management and Adaptability		x 2 =		/ 8 =	
TOTAL				/ 104 =	



Technical Competencies



Activities of Daily Living (ADLs)

Develops and follows a person-centered plan of care addressing each resident's range in ability to perform activities of daily living (ADLs) (e.g., bathing, dressing, grooming, toileting, bed mobility, eating, transfer and locomotion). Supports residents in order to help them maintain their highest level of functioning.

1. Mealtime observations for a resident with weight loss can provide valuable information to help understand why a resident is losing weight. Examples of observational clues would include:

- A. Resident is a slow eater and is rushed to finish meals before returning to his/her room.
- B. The dining room is noisy and the resident appears distracted.
- C. The resident values his/her independence and you observe he/she is struggling to use utensils.
- D. All of the above.

2. Task segmentation can be an effective intervention for residents who need frequent rest periods in order to participate in their ADLs and maintain their highest practicable level of functioning.

- A. True.
- B. False.

3. Incontinence can be a significant source of embarrassment to the resident and may contribute to isolation and depression. Preventable causes of resident incontinence might include:

- A. Lack of accessibility to devices, such as bedside commode, bedpan, etc.
- B. Lack of individualized toileting plan.
- C. Not responding to a resident's call lights in a timely manner.
- D. All of the above.

4. You have just completed an admission evaluation on a newly admitted resident and are preparing to add entries to the baseline plan of care. Important entries related to safe and appropriate person-centered care would include:

- A. Provide two-person gait-belt transfer; requires extra time to gain balance upon standing.
- B. Assist with meals as needed.
- C. Resident is a fall risk.
- D. Provide safe environment.
- E. A, B and C.



Admission, Transfer and Discharge

Facilitates safe and effective transitions across levels of care, including acute, community-based and long-term care (e.g., home, assisted living, hospice, nursing homes) for residents.

1. Examples of terms that a resident and resident representative would understand include:

- A. PRN and QD.
- B. SS and TX.
- C. B & B and monitor for NAR.
- D. None of the above.

2. Teaching an alert and oriented resident about home medication management is NOT important if the resident is discharging home with home health. It may confuse the resident.

- A. True.
- B. False.

3. Examples of important information to communicate to emergency room (ER) staff at the time of resident transfer include:

- A. The resident's advanced directives, choices and preferences regarding care.
- B. Medical practitioner and family representative contact information.
- C. Medication list and resident's plan of care.
- D. All of the above.

4. Examples of important steps prior to verifying nursing home admission orders with the accepting medical practitioner include:

- A. Complete a medication reconciliation (the process of comparing a resident's medication orders to all of the medication that the resident has been taking, including home medications).
- B. Validate that the medication reconciliation is accurate by talking to the resident and/or resident representative.
- C. Review all other admission orders with resident and/or responsible party, including advanced directives to validate accuracy in accordance with resident choice.
- D. All of the above.

5. Examples of information that must appear on a baseline plan of care to promote safety and safeguard against adverse events that are most likely to occur right after admission include:

- A. Common safety risks, such as choking, falls, bleeding and side effects of medications.
- B. Initial goals based on admission orders.
- C. Pre Admission Screening and Annual Resident Review (PASARR) recommendations if applicable.
- D. Dietary orders.
- E. All of the above.



Detecting Resident Change in Condition

Knows the signs of illness in older adults and other nursing facility residents and watches for and reports early changes in a resident's condition.

1. Early signs of infection in older adults may be missed because the signs are often dismissed as being a normal part of aging.

- A. True.
- B. False.

2. Early detection of a possible change in condition and timely medical practitioner intervention may prevent which of the following?

- A. Need for new medication.
- B. Avoidable transfer to the hospital.
- C. Need to change the resident's care plan.
- D. A and B.

3. A resident who is normally happy and participates in activities becomes tearful and refuses to remain in an activity he/she normally enjoys. The best action would be to:

- A. Return the resident to his/her room. Leave him/her alone to calm down.
- B. Add the information to the shift report and ask the oncoming shift to monitor.
- C. Take the resident back to his/her room to evaluate the situation, including possible underlying change of condition.
- D. Administer an anxiolytic medication that is ordered on an as-needed basis.



Detecting Resident Change in Condition (Continued)

Knows the signs of illness in older adults and other nursing facility residents and watches for and reports early changes in a resident's condition.

4. You notice a stage 3 pressure ulcer/injury has shown no change over a two-week period. You should:

- A. Ensure that pressure-relieving devices are appropriately used and the resident is properly positioned on a schedule that supports wound healing.
- B. Evaluate the wound for signs of infection.
- C. Notify the medical practitioner, the Director of Nursing Services (DON/DNS), the nursing assistant (CNA) who cares for the resident, as well as all members of the interdisciplinary team.
- D. All of the above.

5. Resident changes in condition are most easily found when:

- A. All facility staff are encouraged to know the residents and report changes.
- B. The nursing staff have sole responsibility for monitoring and reporting changes.
- C. Assignments frequently change so staff works with different residents each week.
- D. Only nursing supervisors are allowed to notify medical practitioners about changes.

6. Which of the following should be evaluated to determine if a resident has had a variation from baseline?

- A. Ability to perform activities of daily living.
- B. Cognitive function, memory, speech pattern and clarity.
- C. Review medical record, including new orders, medical practitioner notes and diagnostic studies.
- D. All of the above.



Documentation

Records important facts and observations about a resident's health including past and present illnesses, medical tests, treatments and outcomes. Establishes a resident's history including treatment and response to treatment as a legal record. Uses documentation to serve as communication between health care professionals, patients, their families, and health care organizations.

1. Nurses may be called (subpoenaed) to testify to recall events and attest to the truthfulness and accuracy of their documentation in a court of law.

- A. True.
- B. False.

2. Which of the following is NOT considered an unsafe nursing documentation abbreviation?

- A. PRN.
- B. IU.
- C. D/C.
- D. MS.

3. Which should NOT be the focus when documenting goals and interventions in the resident plan of care?

- A. Measurable.
- B. Resident-directed.
- C. Reasonable.
- D. Reimbursable.

4. You receive a call from a vendor asking for a resident's social security number. What should you do?

- A. Verify that the vendor has a need to know the information (order for services).
- B. Have the vendor tell you the resident's full name.
- C. Call the daughter to get permission.
- D. A and B.

5. Where would you find the documented professional practice standards for your particular licensure?

- A. Textbook from nursing school.
- B. Department of Health for your state.
- C. Board of Nurse Examiners for your state and for your licensure.
- D. The Centers for Medicare & Medicaid Services (CMS).



Infection Control and Prevention

Understands facility infection prevention and control policies and procedures. Practices in an environmentally safe and healthy manner. Demonstrates mastery of hand hygiene, transmission-based precautions, standard precautions, equipment and environmental cleaning, etc.

1. The chain of infection includes six elements: infectious agent, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host. In clostridium difficile (CD) infections, the mode of transmission is most often:

- A. Contaminated hand-to-mouth.
- B. Airborne droplets.
- C. Food borne.
- D. Antibiotics.

2. When cleaning a heavily draining wound infected with MRSA, where you might experience splashing or spray, what personal protection equipment would you use?

- A. Gloves and gown.
- B. Gloves, gown, mask and shoe covers.
- C. Gloves, gown, mask and eye protection.
- D. Gloves only.

3. Examples of when you should use soap and water instead of alcohol-based hand sanitizer are:

- A. Hands are visibly soiled.
- B. Caring for a resident with clostridium difficile.
- C. When caring for a resident with a norovirus infection.
- D. All of the above.

4. When cleaning surfaces and equipment that may be contaminated with clostridium difficile, it is important to use:

- A. Anti-microbial cleaning agents that kill bacteria.
- B. Environmental Protection Agency (EPA)-approved, spore-killing disinfectants.
- C. Alcohol-based cleaning products specifically designed for cleaning in health care facilities.
- D. None of the above.

5. Residents who are age 65 or older should be administered two doses of pneumococcal vaccine.

- A. True.
- B. False.



Infection Control and Prevention (Continued)

Understands facility infection prevention and control policies and procedures. Practices in an environmentally safe and healthy manner. Demonstrates mastery of hand hygiene, transmission-based precautions, standard precautions, equipment and environmental cleaning, etc.

6. A family member with a mild cold is visiting a resident with a low white blood cell count (leukopenia). In order to protect the resident, appropriate courses of action are:

- A. The family is visiting from out of the area, so you cannot say anything.
- B. Recommend that the family member come back to visit when his/her cold has resolved to protect the resident.
- C. Suggest the family member take cold medicine to prevent coughing and sneezing in the resident's presence.
- D. Tell the family member about the resident's health care condition and hope they don't visit.

7. The nurse's role in infection surveillance includes:

- A. Monitoring the residents and staff on the unit for signs and symptoms of infection.
- B. Accurately identifying and reporting signs and symptoms of infection to the medical practitioner and nursing leadership.
- C. Being aware and reporting if more than one person on a unit exhibits similar signs and symptoms.
- D. All of the above.

8. The nurse's responsibility as it relates to antibiotic stewardship includes:

- A. Providing education to residents and families on the appropriate use of antibiotics.
- B. Understanding the key components of antibiotic stewardship, which includes timely sharing of culture results with medical practitioners to prevent overutilization.
- C. Understanding the difference between bacterial and viral infections.
- D. All of the above.



Medication Administration

Shows knowledge of disease states and conditions and medications commonly used to address them (i.e., prescription medications, over-the-counter medications, herbal remedies and supplements). Properly delivers medication as directed by the medical practitioner's order, dialogues with ordering practitioner should the nurse question the appropriate dose or medication regardless of administration method (e.g., injectable, oral, subcutaneous, topical). Follows safe medication administration practices, such as adhering to accepted processes around medication use and documentation including the "Five Rights" or "10 Rights" of medication administration.

1. Which of the following could indicate a drug allergy?

- A. Rash.
- B. Swelling to lips and face.
- C. Difficulty breathing.
- D. All of the above.

2. A resident with type 2 diabetes has had blood sugars over 250 mg/dL for the past month. What resident data would you want to review and evaluate?

- A. Urine output.
- B. Weight.
- C. Active infection.
- D. All of the above.

3. What is NOT one of the "Rights" of medication administration?

- A. Dose.
- B. Disease.
- C. Resident.
- D. Time.

4. You receive a personal emergency call during medication distribution and have to leave the facility. You are 100-percent confident that the person taking your place will know where you left off because you always follow best practices around medication administration. Select the best practice below:

- A. Set-up/pre-pour my medications prior to administering.
- B. Sign for medications immediately after administering.
- C. You always follow the "Five Rights" or "10 Rights" of medication administration.
- D. Document that the medication is not available.

5. You observe a resident with a small skin discoloration and review his/her current medications. Which medication classes could contribute to skin discoloration?

- A. Anti-platelets.
- B. Anticoagulants.
- C. Selective Serotonin Reuptake Inhibitors (SSRIs).
- D. All of the above.



Pain Evaluation and Management

Completes an evaluation of functional and cognitive abilities and pain treatment goals in order to develop and start an individualized treatment plan for managing resident's pain. Uses valid and reliable instruments for evaluation for adults with and without cognitive impairment.

1. Common causes of acute pain that can be avoided include:

- A. Improper chair-to-bed transfer.
- B. Bladder retention.
- C. Long periods of immobility.
- D. All of the above.

2. Select the possible consequences of untreated pain in older adults:

- A. Depression.
- B. Weight loss.
- C. Decline in activities of daily living (ADLs).
- D. All of the above.

3. Which statement about pain in the elderly is TRUE?

- A. Pain is part of the aging process.
- B. Opioid medications are inappropriate for the elderly.
- C. Elderly persons often do not report pain because they consider it a normal part of the aging process.
- D. The elderly have a greater tolerance to pain than younger adults.

4. Which statement is FALSE?

- A. Pain is a subjective experience; it is what the resident says it is.
- B. Residents with dementia do not feel pain.
- C. Residents with unusual behaviors should be evaluated for pain.
- D. Residents with routine pain medication need regular, ongoing evaluation by a nurse.



Pain Evaluation and Management (Continued)

Completes an evaluation of functional and cognitive abilities and pain treatment goals in order to develop and start an individualized treatment plan for managing resident's pain. Uses valid and reliable instruments for evaluation for adults with and without cognitive impairment.

5. Common side effects of opioid medication include:

- A. Hypotension.
- B. Constipation.
- C. Drowsiness.
- D. All of the above.

6. What is important to know when selecting a non-pharmacological approach?

- A. Type of pain the resident is experiencing.
- B. Source or history of the pain.
- C. Medications that the resident is taking.
- D. All of the above.

7. Your resident has an order for PRN pain medication and you notice that over the past two days you have had to administer the medication often. What actions should you take?

- A. Contact the resident's medical practitioner to report the increase in need for analgesic administration and request a possible change or routine order.
- B. Talk to the resident about your concerns regarding the amount of pain medication taken.
- C. Contact the family to report changes in pain and status of call to medical practitioner.
- D. A and C.



Person-Centered Care

Recognizes and supports the resident's right to make decisions about their health care and maintain control over their daily lives. Provides compassionate and coordinated care based on respect for the resident's preferences, values and needs.

1. A resident tells you he/she does NOT want to be kept alive by machines. Utilizing active listening to elicit the resident's values and preferences, you might:

- A. Restate what the resident said and ask if you understood it correctly.
- B. Ask probing questions to validate the resident's understanding of advanced directives.
- C. Empathize with the resident's concerns and give the resident time to verbalize fears.
- D. All of the above.

2. Which factors may play a role in a resident or representative's decision to place a gastric-feeding tube in a resident who has lost the ability to swallow?

- A. Culture.
- B. Spiritual beliefs.
- C. Age.
- D. All of the above.

3. A resident's need for physical and emotional closeness with a spouse or partner diminishes with illness. Those needs are not considered in the development of a person-centered plan of care.

- A. True.
- B. False.



Person-Centered Care (Continued)

*Recognizes and supports the resident's right to make decisions about their health care and maintain control over their daily lives.
Provides compassionate and coordinated care based on respect for the resident's preferences, values and needs.*

4. Which of the following supports person-centered care when making nursing assistant (CNA) assignments on your unit?

- A. Even distribution of the number of residents in each assignment.
- B. CNA preferences.
- C. Consistent assignments.
- D. Convenience for nursing staff.

5. A resident often saves snacks and food in her room. The family tells you that the resident has always saved food because she is afraid of being hungry. A person-centered approach to this situation might be:

- A. Explain that keeping food might attract bugs and insist you will get her anything she wants, anytime she wants it.
- B. Discard food only when resident is out of the room.
- C. Provide her with individually wrapped, non-perishable items and safe food storage containers.
- D. Insist all food is dated and is stored in the resident nourishment room.

6. In a person-centered care environment, inclusion of resident, representative and family in care-making decisions with the resident being the source of control means:

- A. Including both the resident, family and representative in care-planning decisions.
- B. Recognizing the resident's right to choose, even if the family or representative disagrees with his/her choice.
- C. Offering choices that support the resident's values, preferences and abilities.
- D. All of the above.



Quality Assurance Performance Improvement (QAPI)

Understands the basics of Quality Assurance Performance Improvement (QAPI). Uses data to measure performance, and looks for root causes of problems and tests changes to continuously improve the quality of care provided by engaging residents, families and staff in quality improvement activities. Participates in performance improvement projects and monitors performance over time.

1. The “Model For Improvement” cycles are as follows:

- A. Plan, Do, Study/Check, Act.
- B. Study, Plan, Do, Check, Act.
- C. Do, Study, Plan, Act.
- D. None of the above.

2. What kind of adverse events can be counted on the unit and used to improve performance?

- A. Weight loss.
- B. Falls.
- C. Staff injuries.
- D. All of the above.

3. From the list below, select tools used to determine root cause:

- A. Fishbone diagram.
- B. 5 Whys only.
- C. Cause and effect and Fishbone only.
- D. A, B and C.

4. The Director of Nursing (DON) posts a sign-up list for staff to participate in a Performance Improvement Project (PIP). You:

- A. Wait to see who else is going to sign up so you know if the PIP is going to succeed.
- B. Walk away feeling like things will never change so why bother.
- C. See the importance of getting involved with making improvement so you sign up right away.
- D. Tell your coworkers that there is no reason for change and this is just another task to take up time.

5. A PIP is a focused effort on a particular adverse event or system (not individuals), which involves gathering data to clarify issues or problems and identify opportunities for improvement.

- A. True.
- B. False.

6. As a member of a PIP focused on preventing weight loss, it would be important to ask residents and their families the following:

- A. Is the food tasty?
- B. Does the food look appetizing?
- C. Is the food served at the right temperature?
- D. All of the above.



Resident Evaluation

Understands the first step of the nursing process. Gathers and analyzes data such as: physiological data, psychological, sociocultural, spiritual, economic and lifestyle factors.

1. Why is gathering information from a History and Physical (H&P) an important part of a resident evaluation?

- A. To prevent an adverse event.
- B. To shorten the evaluation time required at the bedside.
- C. Provides context for evaluation findings.
- D. A and C.

2. When discussing advanced directives, it is important to understand:

- A. The resident and family's cultural beliefs about death.
- B. The resident and family's spiritual and religious beliefs.
- C. The resident's diagnoses.
- D. A and B.

3. A resident with chronic obstructive pulmonary disease (COPD) presents with shortness of breath (SOB) at rest. Safety considerations when assessing functional activities for this resident might include:

- A. Having a second person available when gathering information about transfer and ambulation.
- B. Having oxygen ready to apply if he/she becomes short of breath.
- C. Allowing for rest periods (task segmentation) during and between components of the information gathering process.
- D. A and C.
- E. All of the above.



Resident Evaluation (Continued)

Understands the first step of the nursing process. Gathers and analyzes data such as: physiological data, psychological, sociocultural, spiritual, economic and lifestyle factors.

4. Hospital notes prior to facility admission indicate the resident had a diagnosis of pulmonary embolism (PE) and right lower extremity deep vein thrombosis (DVT). As the admitting nurse, what physical and health information would you gather FIRST?

- A. Musculoskeletal.
- B. Circulatory.
- C. Respiratory.
- D. Integumentary.

5. Information about a resident may be shared with the resident's representative under which circumstances?

- A. If the resident gives consent to have the information shared with the identified party.
- B. The resident is incapacitated and unable to provide information.
- C. If the request comes from the resident's representative's attorney.
- D. A and B.

6. Critical thinking involves making inferences from data, drawing correlations to develop approaches for a person-centered plan of care and:

- A. Using evidence-based nursing approaches to reduce the risk of adverse events.
- B. Outlining nursing tasks step-by-step.
- C. Supporting the wishes of the resident's representative.
- D. None of the above.



Congratulations, you completed the technical competency assessment!

Please complete the steps below.

1. Enter your FIRST and LAST name in the box below.

2. “SUBMIT” the completed section to your manager for scoring.

Make sure to double check all your answers. Your supervisor will score your assessment after you complete all three sections and will provide you with a final score card.

You will not be penalized for your scores. Your scores are here to help you identify competency gaps in order to provide the highest quality of care to residents.





Scorecard: Technical Competencies

MANAGERS: Use the following table to help calculate a staff member's scores.

Competency	Number of Correct Answers	Multiply by Point Value	Score	Divide by Possible Score	%
<i>Example of scoring</i>	4	x 2 =	8	/ 10 =	80%
1) Activities of Daily Living (ADLs)		x 2 =		/ 8 =	
2) Admission, Transfer and Discharge		x 2 =		/ 10 =	
3) Detecting Resident Change in Condition		x 2 =		/ 12 =	
4) Documentation		x 2 =		/ 10 =	
5) Infection Control and Prevention		x 2 =		/ 16 =	
6) Medication Administration		x 2 =		/ 10 =	
7) Pain Evaluation and Management		x 2 =		/ 14 =	
8) Person-Centered Care		x 2 =		/ 12 =	
9) Quality Assurance Performance Improvement (QAPI)		x 2 =		/ 12 =	
10) Resident Evaluation		x 2 =		/ 12 =	
TOTAL				/ 116 =	



Resident-Based Competencies



Managing Chronic Obstructive Disease (COPD)

Assists resident to manage day-to-day living with Chronic Obstructive Pulmonary Disease (COPD). Identifies and responds to changes in condition to prevent complications and acute exacerbations. Uses knowledge of appropriate COPD interventions, treatments, methods and modalities to improve the quality of life and care for the resident. Effectively uses an interdisciplinary approach to manage resident-specific needs.

1. COPD places residents at risk for sepsis. Signs that may indicate sepsis related to residents with COPD include:

- A. Difficult to awaken and altered mental status.
- B. Cough/shortness of breath – Heart rate > 90 bpm.
- C. Blood Pressure > 120 systolic – Respiratory rate < 18.
- D. A and B.

2. How can the care team support the resident with COPD and his/her family?

- A. Ask the family to leave when the resident is experiencing shortness of breath (SOB) to avoid increased anxiety in the resident.
- B. Quickly respond to exacerbations and the need for ordered PRN respiratory medications.
- C. Be patient when working with the resident with SOB.
- D. B and C.

3. Which technique(s) can be valuable for the resident and family to understand and practice when experiencing increased SOB?

- A. Deep breathing exercises.
- B. Pursed lip breathing.
- C. Mouth breathing.
- D. None of the above.

4. If a resident under your care is experiencing increased shortness of breath (SOB), what should you evaluate and report?

- A. Signs and symptoms of infection.
- B. Amount of O2 use.
- C. O2 Sat. (oxygen saturation)
- D. All of the above.

5. A resident with COPD experiences air hunger because his/her lungs lose the ability to expel air. He/she can fill them up with oxygen, but cannot exhale carbon dioxide. Therefore, SOB can quickly become respiratory distress.

- A. True.
- B. False.



Managing Congestive Heart Failure (CHF)

Uses knowledge of Congestive Heart Failure (CHF) symptoms, evaluation, and treatment to support residents with CHF. Utilizes nursing knowledge and skills and functions as an integral member of an interdisciplinary team, including the registered dietitian and the rehabilitation staff (Physical Therapy [PT], Occupational Therapy [OT], Speech-Language Pathology [SLP]) to maintain the highest practicable level of function and quality of life.

1. All residents manifest the same signs and symptoms of CHF exacerbation.

- A. True.
- B. False.

2. When teaching a resident and his/her family about factors that can reduce exacerbation of CHF, which of the following are important to highlight?

- A. Limit sodium intake.
- B. Regular exercise as tolerated.
- C. Use good infection prevention practices.
- D. All of the above.

3. Level of tolerance can be negatively impacted by:

- A. Anxiety.
- B. Lack of sleep.
- C. Increased sodium intake.
- D. All of the above.

4. Angiotensin Converting Enzyme (ACE) inhibitors are commonly prescribed for residents with CHF. One of the most common side effects of ACE inhibitors is:

- A. Constipation.
- B. Sub-normal temperature.
- C. Cough.
- D. Elevated blood pressure.



Managing Congestive Heart Failure (CHF) (Continued)

Uses knowledge of Congestive Heart Failure (CHF) symptoms, evaluation, and treatment to support residents with CHF. Utilizes nursing knowledge and skills and functions as an integral member of an interdisciplinary team, including the registered dietitian and the rehabilitation staff (Physical Therapy [PT], Occupational Therapy [OT], Speech-Language Pathology [SLP]) to maintain the highest practicable level of function and quality of life.

5. Identification of early clinical symptoms of CHF can prevent adverse events and reduce the risk of re-hospitalization. Examples of early clinical symptoms of CHF include:

- A. Dyspnea, orthopnea, cool pale skin, increased fatigue, jugular vein distension.
- B. Diminished lung sounds, flushed skin, decreased skin turgor.
- C. Inability to urinate, delirium, weight loss.
- D. None of the above.

6. A resident with CHF, as diagnosed by his/her medical practitioner, develops a cough that produces frothy white or pink-tinged sputum. They have expiratory wheezing and bubbling lung sounds, increased respiratory rate, increased pulse rate and extreme anxiety. These changes:

- A. Are indicative of pulmonary edema and must be reported to the resident's medical practitioner and facility leadership immediately.
- B. Are all typical symptoms of CHF. They should be documented, but notification can wait until the medical practitioner visits or calls next.
- C. Are life threatening if appropriate interventions are not prescribed and implemented quickly.
- D. A and C.



Managing Dementia/Cognitive Impairment

Encourages adoption of interventions for quality assurance and performance improvement plans for residents with dementia/cognitive impairments. Advocates for quality and empowers the resident with dementia/cognitive impairment and his/her caregiver to make informed decisions.

1. Which of the following statements about dementia is/are TRUE?

- A. The most common causes of dementia in older adults are Alzheimer's disease, vascular dementia, Lewy Body dementia and frontotemporal dementia.
- B. An altered state of consciousness is present.
- C. Cognitive decline is usually gradual.
- D. A and C.

2. A resident with dementia may use uncharacteristic behavior to communicate with those around him/her.

- A. True.
- B. False.

3. If the cause of delirium goes untreated, the result may be fatal.

- A. True.
- B. False.

4. Why is a resident with cognitive impairment more vulnerable to abuse and neglect?

- A. He/she has difficulty making his/her needs known.
- B. He/she may be aggressive towards staff.
- C. He/she may be unable to report instances of neglect or abuse.
- D. All of the above.

5. When evaluating possible causes of pain in a resident with dementia, it is important to consider:

- A. Unmet needs (e.g., hunger, inability to empty bladder).
- B. Social interaction.
- C. Fear.
- D. All of the above.

6. Supportive care strategies to minimize the effects of altered perception may include:

- A. Increasing the lighting.
- B. Placing a colored towel at the bottom of a tub.
- C. Evaluating the floor coverings.
- D. All of the above.



Managing Diabetes Mellitus

Demonstrates knowledge of the factors that affect blood glucose levels, the health implications, and complications associated with diabetes. Works within the interdisciplinary team to teach and provide support and guidance to residents who have diabetes. Conducts comprehensive health evaluations, documents and reports findings, and consults with appropriate medical practitioners as needed. Uses a holistic approach to the care of diabetic residents with the goal of enhancing quality of life and minimizing complications.

1. When administering a routine morning dose of insulin, the nurse should be aware of all of the following factors EXCEPT:

- A. Action Onset, Peak and Duration.
- B. The differences among short-acting insulin, long-acting insulin and basal insulin.
- C. Whether the resident had a snack the previous evening.
- D. Expiration period after opening.

2. A resident with an active infection may need to have additional monitoring of his/her blood glucose because:

- A. Residents who are sick may not eat adequately.
- B. Infectious processes can elevate blood glucose levels.
- C. Antibiotics may have an impact on blood glucose levels.
- D. All of the above.

3. Hemoglobin A1C measures the average level of glucose in the blood over three months.

- A. True.
- B. False.

4. The signs and symptoms of hypoglycemia are:

- A. Increased thirst, headache, frequent urination.
- B. Shakiness, excessive sweating, confusion.
- C. Blurred vision and hyperactivity.
- D. Edema, ringing in the ears.

5. Whose responsibility is it to confirm that a diabetic resident is adequately consuming his/her meals and snacks?

- A. Nursing assistant (CNA).
- B. Interdisciplinary team.
- C. Nurse.
- D. All of the above.

6. Which of the following body systems are NOT negatively affected by hyperglycemia?

- A. Integumentary.
- B. Renal.
- C. Central nervous system (CNS).
- D. None of the above.



Managing Residents with Impaired Mobility

Understands the impact that impaired mobility has on the resident's quality of life. Works with the interdisciplinary team to promote the health and safety of the resident while empowering the resident to attain and/or maintain the highest practicable level of independence.

1. Watching to make sure the resident can properly use equipment, such as a cane or walker, is part of the nurses role in resident safety. Some residents who have had a Cerebral Vascular Accident (CVA), arthritis and other mobility issues can walk safely by using canes and walkers.

- A. True.
- B. False.

2. As a nurse, you know that:

- A. Pain can lead to decreased mobility, and decreased mobility can lead to pain.
- B. Loss of muscle mass can lead to decreased mobility.
- C. Decreased mobility can lead to a decrease in bone density and greater risk for fractures.
- D. All of the above.

3. When evaluating person-centered interventions for a resident with impaired mobility, considerations include, but are not limited to type of impairment, resident preferences, resident goals and safety.

- A. True.
- B. False.

4. The Physical Therapist (PT) informs you Mr. Jones will reach his skilled therapy goals within the next two weeks. Although progress has been made with Mr. Jones's Parkinson-related impaired mobility, safety with ambulation remains a long-term need. In preparation for the transition off skilled therapy, and as the charge nurse assigned to his care, you:

- A. Work with the therapist to provide training to the nursing assistants (CNAs) on the safe and appropriate ambulation assistance required for Mr. Jones.
- B. Work with the interdisciplinary team to develop a plan of care for safe transition from skilled therapy to a person-centered restorative nursing program.
- C. No preparation is needed from nursing.
- D. A and B.

5. As a member of the interdisciplinary team, the nurse's role is to make sure that the resident continues to use therapy-directed interventions, such as _____. These practices will promote resident safety, prevent injury and maintain independence.

- A. Sliding boards for transfers.
- B. Walk-to-Dine Program.
- C. Answering call lights in a timely manner.
- D. A and B.



Managing Mental Health

Promotes holistic, respectful person-centered care for residents as they experience mental health concerns. Incorporates the principles of cultural sensitivity, evidence-based best practice and accurate evaluation to provide an environment that emphasizes the strength of the individual and encourages quality of care and life for residents with mental health concerns.

1. Alcoholism and drug addiction can be:

- A. Treated, so there is no excuse for either one.
- B. Symptoms of an underlying mental health issue.
- C. A problem of morality.
- D. A sign of a weak personality.

2. When taking a mental health history, which factors are MOST important to evaluate?

- A. Triggers for mental health exacerbations.
- B. History of trauma.
- C. Caregiver stress.
- D. A and B.

3. Documenting behaviors as they occur can help medical practitioners understand behavioral changes that may be related to illness by:

- A. Identifying behavioral patterns and triggers.
- B. Establishing what is “normal” behavior for the resident versus a change that may indicate the onset of acute illness.
- C. Correlate behavioral changes with other changes, such as decline in activities of daily living (ADL) function or nutritional intake.
- D. All of the above.



Managing Mental Health (Continued)

Promotes holistic, respectful person-centered care for residents as they experience mental health concerns. Incorporates the principles of cultural sensitivity, evidence-based best practice and accurate evaluation to provide an environment that emphasizes the strength of the individual and encourages quality of care and life for residents with mental health concerns.

4. **Routines and consistency can be important for residents who suffer from Post-Traumatic Stress Disorder (PTSD). This addresses which human need:**
 - A. Safety.
 - B. Caring.
 - C. Esteem.
 - D. Love.
5. **Psychoactive medications can cause weight gain or loss. In explaining this to a family who is concerned about a weight gain that may be related to a recent medication change, it is important to share:**
 - A. Risks versus benefits of not taking the medication.
 - B. Weight gain that is a side effect of medication cannot be controlled.
 - C. Methods to control weight gain while taking the medication.
 - D. A and C.
6. **PASRR/PASARR (Preadmission Screening and Annual Resident Review) is a federally mandated program applied to all individuals seeking admission to a Medicaid-certified nursing facility, regardless of funding source. It makes sure that residents with mental health challenges and intellectual disabilities receive services needed to have the highest practicable quality of life.**
 - A. True.
 - B. False.



Managing and Preventing Pneumonia

Demonstrates knowledge around different types of pneumonia, how they impact residents and appropriate treatment. Recognizes signs and symptoms of pneumonia and works with the interdisciplinary team to identify the cause, document findings, carry out the prescribed treatment plan and modify the plan of care as appropriate.

1. What should you do if you hear abnormal breath sounds?

- A. Turn up the resident's oxygen.
- B. Notify the medical practitioner immediately.
- C. Ask another nurse to verify what you heard.
- D. Turn the resident's oxygen down.

2. What symptoms are you likely to see if a resident has pneumonia?

- A. Shaking chills.
- B. Shortness of breath (SOB).
- C. Cough.
- D. All of the above.

3. What respiratory equipment needs to be cleaned after every use?

- A. Stethoscope.
- B. Oxygen nasal cannula.
- C. Nebulizer.
- D. A and C.

4. Which of the following types of pneumonia is Legionella?

- A. Primary.
- B. Secondary.
- C. Community-acquired.
- D. None of the above.

5. When should residents who have NOT completed an immunization series be immunized against pneumonia?

- A. Any time for someone older than the age of 65 who has not been immunized.
- B. In the fall.
- C. In the winter.
- D. Annually.

6. When a nebulizer treatment is given, lung sounds should be evaluated.

- A. Before.
- B. After.
- C. A and B.
- D. Not at all.



Managing and Preventing Pressure Ulcers/Injuries

Monitors, evaluates, and manages risk factors to prevent pressure ulcers/injuries. Uses evidence-based best practices when managing the treatment of pressure ulcers/injuries. Works with the interdisciplinary team to develop and implement person-centered plans of care to prevent and/or manage pressure ulcers/injuries. Identifies root causes when pressure ulcers/injuries develop to determine appropriate interventions for healing. Demonstrates competence in pressure ulcer/injury documentation.

1. What can prevent shear and friction injuries?

- A. Lifting, rather than “pulling,” residents when repositioning.
- B. Proper fitting shoes.
- C. Proper use of mechanical lifts.
- D. All of the above.

2. A resident has been determined to be at high risk for developing pressure ulcers/injuries. Repositioning the resident every two hours is an adequate intervention.

- A. True.
- B. False.

3. Pressure ulcers/injuries related to leaving residents sitting on mechanical lift slings, improper wheelchair sizing, O2 nasal cannulas or tubing are examples of ulcers related to:

- A. Equipment use and staff training.
- B. Staff training.
- C. Environment.
- D. A and B.

4. What standardized tools are available to determine pressure ulcer/injury risk?

- A. PUSH Tool.
- B. Norton.
- C. Braden.
- D. B and C.

5. A resident with a stage 3 pressure ulcer/injury is planning a weekend trip home with her daughter. What education would you provide for the resident and her daughter to prevent damage to the pressure ulcer/injury?

- A. Pressure reduction strategies and safe transfer techniques.
- B. Medication needed while on visit.
- C. Proper dressing change information and supplies.
- D. A and C.

6. A resident with a gel cushion in his wheelchair develops a stage II pressure ulcer/injury to his coccyx. Potential avoidable contributing factors for this are all EXCEPT:

- A. Missed stage 1 on skin evaluation.
- B. Advanced age.
- C. Failure to reposition per person-centered plan of care while in wheelchair.
- D. Unidentified/unaddressed weight loss.



Managing and Preventing Resident Falls

Identifies risk factors associated with falls and minimizes risks by using best practices and proper techniques. If a fall does occur, investigates, determines the cause and documents their findings. Works with the interdisciplinary team to develop an individualized plan of care to support the resident, and contributes to the development of a process to prevent and manage falls across one's facility.

1. Which of the following is NOT a risk factor for falls?

- A. Medications.
- B. Dementia.
- C. Daily strength exercises.
- D. Gait and balance impairments.

2. Which of the following is NOT a precaution to prevent falls?

- A. Keeping the resident's possessions within the resident's safe reach.
- B. Using a bed alarm.
- C. Keeping the resident care areas uncluttered.
- D. Keeping the resident's bed brakes locked.

3. Which of the following can be restraint-related?

- A. Wheelchair tipping.
- B. Strangulation.
- C. Pressure ulcer/injury development.
- D. All of the above.

4. How would you determine if a resident's plan of care is individualized for falls?

- A. There is a person-centered intervention to address every known risk factor.
- B. It states that the resident is on the facility falls program.
- C. It lists every fall the resident has had.
- D. All of the above.

5. When completing an investigation to determine if environmental factors contributed to a resident fall, it is important to:

- A. Interview staff on duty at the time of the fall regarding the last time the resident was seen and whether the call light was on.
- B. Resident's mental status.
- C. Review the environment exactly as it was when the resident fell, including furniture placement and floor condition.
- D. Recent medication taken by the resident.



Treating and Preventing Urinary Incontinence (UI)

Understands the causes and complications associated with urinary incontinence (UI). Follows evidence-based practice guidelines with a person-centered approach that focuses on the prevention, early detection and appropriate treatment of UI.

1. Which of the common types of incontinence are avoidable?

- A. Urge.
- B. Functional.
- C. Overflow.
- D. B and C.

2. What should be included in a voiding/patterning diary?

- A. Time of toileting.
- B. Fluids consumed.
- C. A and B.
- D. None of the above.

3. It is the nurse's responsibility to validate the which of the following related to urinary incontinence:

- A. Nursing assistants (CNAs) are toileting residents according to the person-centered plan of care.
- B. Moisture-associated skin damage is avoided.
- C. Incontinent care is provided timely and properly.
- D. All of the above.

4. Evaluating the potential effects of hypnotics and diuretics on a resident's continence status and increased risk for falls is an important part of the nurse's role.

- A. True.
- B. False.

5. Barriers to implementing an incontinence program may include:

- A. Lack of education regarding incontinence.
- B. Resident's medication.
- C. Resident's lack of desire to participate in the program.
- D. A and C.

6. One of the residents is experiencing overflow incontinence related to extended periods of time spent in activities. As the nurse, you:

- A. Have the CNAs remind and assist her with toileting before, during and after activities, as she allows.
- B. Speak with the resident about the causes of overflow incontinence and discuss potential strategies for prevention.
- C. Tell the resident she must toilet at specific times.
- D. A and B.



Treating and Preventing Urinary Tract Infections (UTIs)

Understands the causes and complications associated with urinary tract infections (UTI), including sepsis. Follows evidence-based practice guidelines with a person-centered approach that focuses on the prevention, early detection and appropriate treatment of UTI.

1. Antibiotic stewardship is the role of the medical practitioner and the pharmacist, who are assisted by nurses in the facility.

- A. True.
- B. False.

2. A UTI places residents at risk for sepsis. Signs that may indicate sepsis related to UTI include:

- A. Difficult to arouse – altered mental status.
- B. Foul smelling urine – Heart rate > 90 bpm.
- C. Blood Pressure > 120 systolic – Respiratory rate < 18.
- D. A and B.

3. It is the nurse's responsibility to educate residents and staff on appropriate perineal care procedures. An example of common avoidable causes of UTI among women that can be addressed through education is:

- A. Fecal contamination of urethra caused by wiping from back to front.
- B. Remaining in a brief soiled with feces.
- C. Use of inappropriate products for perineal care.
- D. All of the above.

4. When a UTI is suspected, the nurse should evaluate the resident's vital signs, urine color, odor, presence of pain and acute dysuria³, and know the facility's protocol regarding antibiotic stewardship prior to contacting the medical practitioner.

- A. True.
- B. False.

5. Improper insertion of an indwelling catheter can lead to infection if:

- A. Pain or discomfort to the resident occurs during insertion.
- B. Bacteria is deposited directly into the bladder from an improperly cleaned urethra.
- C. Improper hand washing and/or glove changing techniques occur prior to or during the procedure.
- D. B and C.

6. An example of the appropriate use of an indwelling urinary catheter may include:

- A. As a substitute for nursing care for the management of incontinence.
- B. Stage 1 pressure ulcer on coccyx.
- C. Stage 4 pressure ulcer on a resident's coccyx.
- D. For prolonged post-operative duration without appropriate indications.



Congratulations, you completed the resident-based competency assessment!

Please complete the steps below.

1. Enter your FIRST and LAST name in the box below.

2. “SUBMIT” the completed section to your manager for scoring.

Make sure to double check all your answers before handing in your completed assessment. Staple the pages together. Your manager will score your assessment and provide you with a final score card.

You will not be penalized for your scores. Your scores are here to help you identify competency gaps in order to provide the highest quality of care to residents.





Scorecard: Resident-Based Competencies

MANAGERS: Use the following table to help calculate a staff member's scores.

Competency	Number of Correct Answers	Multiply by Point Value	Score	Divide by Possible Score	%
<i>Example of scoring</i>	4	x 2 =	8	/ 10 =	80%
1) Chronic Obstructive Pulmonary Disease (COPD)		x 2 =		/ 10 =	
2) Congestive Heart Failure (CHF)		x 2 =		/ 12 =	
3) Dementia/Cognitive Impairment		x 2 =		/ 12 =	
4) Diabetes Mellitus		x 2 =		/ 12 =	
5) Impaired Mobility		x 2 =		/ 10 =	
6) Mental Health		x 2 =		/ 12 =	
7) Pneumonia		x 2 =		/ 12 =	
8) Pressure Ulcers/Injuries		x 2 =		/ 12 =	
9) Resident Falls		x 2 =		/ 10 =	
10) Urinary Incontinence (UI)		x 2 =		/ 12 =	
11) Urinary Tract Infection (UTI)		x 2 =		/ 12 =	
TOTAL				/ 126 =	



Scorecard: All Competencies

Behavioral		Technical		Resident-Based	
Competency	Your %	Competency	Your %	Competency	Your %
<i>Advocacy</i>		<i>Activities of Daily Living (ADLs)</i>		<i>Chronic Obstructive Pulmonary Disease (COPD)</i>	
<i>Communications</i>		<i>Admission, Transfer, and Discharge</i>		<i>Congestive Heart Failure (CHF)</i>	
<i>Conflict Resolution</i>		<i>Detecting Resident Change in Condition</i>		<i>Dementia/Cognitive Impairment</i>	
<i>Education and Training</i>		<i>Documentation</i>		<i>Diabetes Mellitus</i>	
<i>Ethics</i>		<i>Infection Control and Prevention</i>		<i>Impaired Mobility</i>	
<i>Leadership</i>		<i>Medication Administration</i>		<i>Mental Health</i>	
<i>Problem-Solving</i>		<i>Pain Evaluation and Management</i>		<i>Pneumonia</i>	
<i>Professionalism</i>		<i>Person-Centered Care</i>		<i>Pressure Ulcers/Injuries</i>	
<i>Teamwork and Collaboration</i>		<i>Quality Assurance Performance Improvement (QAPI)</i>		<i>Resident Falls</i>	
<i>Time Management and Adaptability</i>		<i>Resident Evaluation</i>		<i>Urinary Incontinence (UI)</i>	
				<i>Urinary Tract Infection (UTI)</i>	
TOTAL		TOTAL		TOTAL	