Nursing Home Staff Competency Assessment

For **Administrator, Director of Nursing (DON) and Assistant Director of Nursing (ADON)**

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:
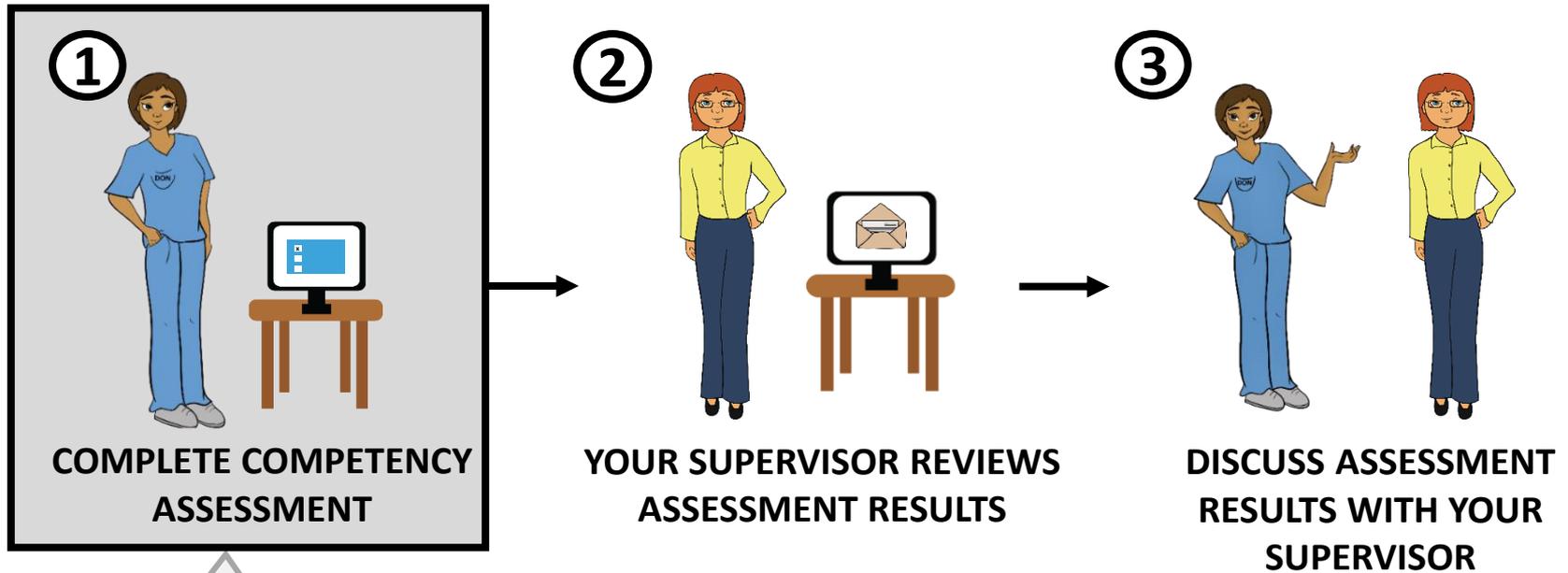
Behavioral   **Technical**

The assessment should take you about **30 to 40 minutes 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
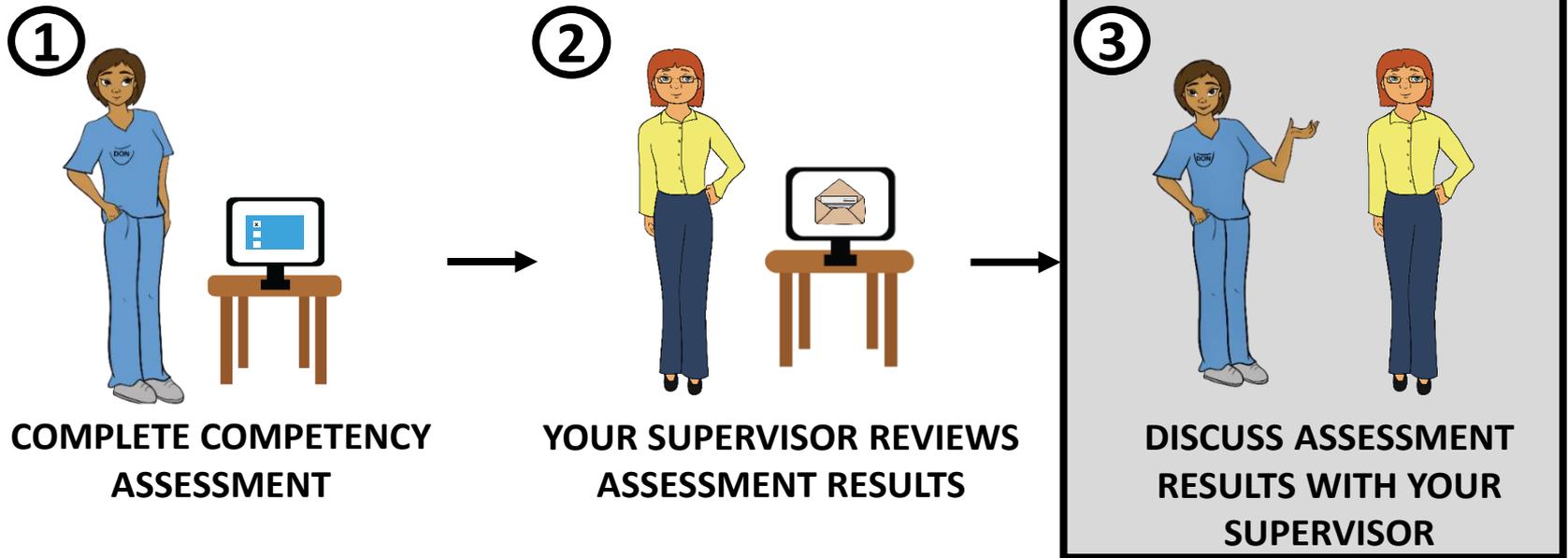- *X* *__NOT__* be shared with federal or state officials/surveyors

Completing the Assessment Process

① COMPLETE COMPETENCY ASSESSMENT

② YOUR SUPERVISOR REVIEWS ASSESSMENT RESULTS

③ DISCUSS ASSESSMENT RESULTS WITH YOUR SUPERVISOR

BEFORE YOU BEGIN

1. **ASK** where you should save the assessment file *(such as desktop folder, shared drive, flash drive)*.
2. **SAVE** the file with your FIRST and LAST NAME as part of the file name.
3. **CLICK** "File," then click "Save" as you complete each section of the assessment.

Completing the Assessment Process

① COMPLETE COMPETENCY ASSESSMENT

② YOUR SUPERVISOR REVIEWS ASSESSMENT RESULTS

③ DISCUSS ASSESSMENT RESULTS WITH YOUR SUPERVISOR

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 respon... ...pports ethical decision-making by residents
and their families consister... ...ance of honesty and resident consent.

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

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. Requ... ...meeting with the resident and her family members.
   B. En... ...e.
   ... ...istrator are aware of the situation.
   D. A...

Click on the circle next to the answer you want to select.

You will know the selection is complete when the circle turns black.

2. Which s...

   A. Pr... ...others.
   B. As... ...he is not eating.
   C. Tre... ...one who is actively dying.
   D. Determining why a dying older person is confused would be an inappropriate use of resources.
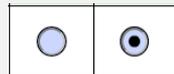
3. In an hour, a new resident will be admitted to your facility from the hospital. The h... and understands and speaks only Spanish. The resident has no family members a... most appropri...?

   A. Assig... ...who is from Mexico and
      trans...
   B. Proce... ...anish and keeping the r...
   C. Ask t... ...uistically Appropriate Se...
      she u... ...on.
   D. Ask the resident's neighbor to st... ...help with the admission, since the neighbor... ...the resident best.

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

Click the **'NEXT' and 'PREVIOUS'** buttons to move between pages,

Do <u>NOT</u> use the **scroll bar.**

PREVIOUS   NEXT

14

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:

Administrator   Director of Nursing (DON)   Assistant Director of Nursing (ADON)

Before you begin…

*Please **<u>SAVE</u>** the assessment
if you have not done so already*

Remember to:

1. **SAVE** the file with your FIRST and LAST NAME as part of the file name.
2. **CLICK** "File," then click "Save" as you complete each section of the assessment.

If you are in a web browser*:

1. **SAVE** the file with your FIRST and LAST NAME as part of the file name.
2. **CLOSE** the file in the web browser.
3. **OPEN** the file from the saved location.

*Responses will not be saved if you complete the assessment in the web browser.

Behavioral Competencies

Change Management

Uses effective strategies to facilitate organizational change initiatives and overcome resistance to change.

1. **Building an interactive relationship with the medical staff will result in:**

   A. Improved understanding of challenges within the local health care market and how the facility is perceived by other providers.

   B. Input into new care initiatives for the facility.

   C. A collaborative relationship that will benefit decision-making.

   D. All of the above.

2. **Gaining resident and family feedback prior to adjusting facility practices may lead to:**

   A. Valuable information and suggestions related to changes.

   B. Complaints, dissatisfaction and rumors.

   C. Problems with direct caregivers.

   D. More priorities than can be addressed at this time.

3. **A colleague informs you that one of your subordinates is voicing resistance and creating difficulties during critical group meetings about electronic health record/electronic medical record (EHR/EMR) implementation. You should:**

   A. Investigate the performance issues and discipline the employee.

   B. Schedule a time to speak with the employee so you can understand his/her concerns and assist him/her to better present the concerns to the team.

   C. Remind the team of how busy your subordinate is and suggest the team continue with their important work.

   D. Do nothing because the team needs to collaborate to resolve issues within the group.

Change Management (Continued)

Uses effective strategies to facilitate organizational change initiatives and overcome resistance to change.

4. **To promote person-centered care practices and facility-wide adoption, leaders may:**

   A. Complete rounds and observe resident-staff interactions.

   B. Formally and informally talk with residents and their representatives to identify levels of satisfaction.

   C. Provide interactive staff member education and seek feedback regarding challenges needing to be addressed.

   D. All of the above.

5. **You are presenting the facility's philosophy of providing person-centered care to employees during orientation. An employee shares an experience about providing person-centered care and describes how "it works until you're short staffed or there's a really demanding resident or family member who is never satisfied." How would you respond?**

   A. Take him/her to HR during the next break and suggest that maybe he/she is not a good fit for the facility.

   B. Let him/her know that more information about person-centered care will be provided during the required online training. Tell him/her to come find you later if he/she has any further questions.

   C. Use the information he/she shared as an example for the discussion of how to address the challenges of direct care while remaining focused on person-centered care.

   D. Since general orientation is only scheduled for four hours, you need to keep presenting the agenda items so you can finish your task on time.

6. **Following the annual review of the facility's vision, values and mission statement, the team determines that moving to a holistic approach to dementia care will better meet the needs of residents with dementia. With so many resources and programs available, some of the best methods to identify which approach to use include:**

   A. Find an online tool to guide you through the process and help you prepare to implement the new program. Direct the departments to go online and look at the one you have chosen because you plan to implement it within 90 days.

   B. Complete research of dementia care programs. Have an internal work group assist in review, planning and implementation to meet goals.

   C. Develop approaches and timelines to meet the goals of the new program.

   D. B and C.

Communications and Relationship Management

Communicates effectively, clearly expresses ideas and disseminates information about decisions, plans and activities to a variety of stakeholder groups (e.g., medical practitioners, academics, nursing staff). Develops collaborative relationships with key stakeholders (e.g., the Centers for Medicare and Medicaid Services, state survey and certification agency, medical director, residents and families, facility employees and the community).

1. **When developing a new service line, who should be involved in discussions, planning and decision-making with the administrator?**

   A. Referral sources, medical director, director of nursing and admissions staff.

   B. Community sources to identify future population statistics.

   C. Social worker/discharge planner within the facility.

   D. All of the above.

2. **Conflicts between two senior members of your management team have started to impact staff's ability to effectively communicate when planning and providing care. The most effective way to address this issue is:**

   A. Approach the direct care staff members to handle the situation.

   B. Meet separately with the senior members of management to learn the conflict causes and arrange to meet with them together to resolve the issues. Set expectations for improvements needed to address direct care outcomes.

   C. Facilitate a discussion between the entire senior management team to identify causes of the conflict, discuss the impacts of the conflict and develop plans to overcome them.

   D. Do nothing. They will work it out.

3. **Your staff and resident population represent many cultures, religions and genders. Everyone gets along in this diverse environment and respects one another. Therefore, you and your staff do NOT need additional cultural sensitivity training.**

   A. True.

   B. False.
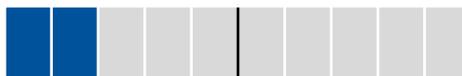
Communications and Relationship Management (Continued)

Communicates effectively, clearly expresses ideas and disseminates information about decisions, plans and activities to a variety of stakeholder groups (e.g., medical practitioners, academics, nursing staff). Develops collaborative relationships with key stakeholders (e.g., the Centers for Medicare and Medicaid Services, state survey and certification agency, medical director, residents and families, facility employees and the community).

4. **The hospital that has been your facility's primary referral source has unexpectedly decreased referrals. The best way to address this change would be to:**

   A. Call the discharge planner and complain he/she is being unfair.

   B. Host a workgroup that includes the administrator, DON, admissions coordinator, rehabilitation director and social worker to identify and respond to potential issues, such as communication and response to referrals, facility's hospital readmission rates, admission processes, resident satisfaction and outcomes.

   C. Schedule a meeting between the administrator, admissions coordinator and the hospital discharge planners to discuss the change in referrals, the types of services at the facility, the facility reputation and opportunities for improvement.

   D. Schedule a meeting with the hospital discharge planners to identify communication gaps and other concerns and share data from internal review.

   E. B and D.

5. **The goals of succession planning and mentoring may include:**

   A. Identifying and mentoring those nurses with the ability and desire to advance in their careers.

   B. Providing for advancement opportunities within the facility by having prepared, mentored staff to step into leadership roles when experiencing turnover.

   C. Having only Bachelor of Science in Nursing (BSN) prepared staff in nursing leadership roles.

   D. A and B.

Critical Thinking

Demonstrates an ability to apply systems thinking as an approach to analysis and decision-making. Understands complex adaptive systems, definitions and applications.

1. **Three residents suddenly develop symptoms of respiratory illness, which are confirmed by the medical practitioner as contagious. Delay in implementing necessary precautions could result in:**

    A. Citation for failing to implement interventions to protect residents and employees.

    B. Public health department involvement, facility quarantine and media coverage.

    C. Further resident and employee illness, which could result in deaths.

    D. All of the above.

2. **One way to reinforce a systems approach to problem solving is:**

    A. Performance review.

    B. Brainstorming of interventions for a Performance Improvement Project (PIP).

    C. Assign auditing of medical records.

    D. Disciplinary action.

3. **Leadership has determined that a current best practice in the industry should be implemented at the facility. What steps need to be taken to incorporate the best practice?**

    A. Plan: As a team, review the current policies and identify the needed changes to implement the best practice; determine how, when and who will be responsible for each task (e.g., education, editing documents, etc.).

    B. Do: Implement planned tasks.

    C. Study and Act: Seek feedback from staff impacted by changes, analyze and make revisions as necessary.

    D. All of the above.

Critical Thinking (Continued)

Demonstrates an ability to apply systems thinking as an approach to analysis and decision-making. Understands complex adaptive systems, definitions and applications.

4. **When attending an external educational session, you learn about an alternate method to address quality management for your organization. It could lead to improved interdisciplinary-based processes and outcomes, which your facility has identified as an opportunity for improvement. How do you proceed?**

   A. Go online and gather additional information so you can mandate adoption of the updated process.

   B. Realize this process will not work because no one will accept the change.

   C. Gather additional information available and present the research to your facility's QAPI committee for further discussion and direction.

   D. Make copies of the presentation for your department managers and tell them to come up with a plan to switch as soon as possible.

5. **Opportunities for coaching and establishing expectations of staff around the use of systems thinking are:**

   A. During QAPI meetings.

   B. During general orientation and through periodic training.

   C. During the pre-employment interview.

   D. All of the above.

6. **The organization has noted a decline in traditional skilled nursing facility admissions, resulting in census declines over time. As a facility leader, how will you begin to understand and address this issue with the quality assurance and performance improvement (QAPI) team?**

   A. Prepare to complete a Strengths-Weaknesses-Opportunities-Threats (SWOT) analysis with the QAPI team to identify specific census trends and population mix changes within the community.

   B. Review census-related financial trends, capital and workforce needs; project the impact that future mix scenarios will have on financial viability and success.

   C. Gather information from referral sources to identify projected changes in community needs.

   D. All of the above.

Leadership

Functions effectively with interprofessional teams to foster open communication, mutual respect and shared decision-making and to achieve quality resident care. Gathers information quickly, analyzes and offers decisive actions in critical situations. Develops long-term vision into objectives and realistic business strategies.

1. **You begin designing an action plan to implement a new process for your facility. To make sure the process of implementation is effective, you should:**

    A. Review policies and assign a date to begin planning with your team so that if there are mistakes, there is time to correct them.

    B. Implement the plan using a pilot group and studying outcomes. Adjust and expand the plan based on feedback as appropriate.

    C. Consult team members who have worked on prior projects.

    D. All of the above.

2. **The expectation for ongoing professional growth is only for those professionals who have continuing education requirements.**

    A. True.

    B. False.

3. **When should you discuss opportunities to identify, address and support professional growth with a staff member?**

    A. During the annual performance review.

    B. It's up to the staff member to show his/her commitment to learning and provide plans on how to accomplish his/her goals.

    C. Through regular contact and by applying active listening in both formal and informal discussions to identify future goals and interests.

    D. It is difficult to determine how to address professional growth because the budget only includes education for the administrator and the director of nursing (DON).
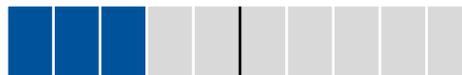
Leadership (Continued)

Functions effectively with interprofessional teams to foster open communication, mutual respect and shared decision-making and to achieve quality resident care. Gathers information quickly, analyzes and offers decisive actions in critical situations. Develops long-term vision into objectives and realistic business strategies.

4. **As the organization moves into new or enhanced business opportunities, the leader's role is to:**

    A. Identify desired outcomes and determine organizational strengths, weaknesses, opportunities and threats.

    B. Engage the workforce to understand and support potential changes associated with the opportunity.

    C. Determine ways to prevent the move into the new opportunity, fearing that it will lead to more challenges than benefits.

    D. A and B.

5. **When planning care for a short-term rehabilitative client, staff is informed the resident does not speak English. The family decision-maker offered to remain with the resident at all times during the resident's admission to act as a liaison and translator between staff and the resident. This falls outside established policy. How would you approach this situation:**

    A. Prior to admission, let the family decision-maker know that the facility's policy requires the use of a translation service to communicate with the resident.

    B. Deny the admission because the team will be unable to communicate directly with the client.

    C. Tell the family decision-maker that he/she cannot provide translation services because it is a violation of the Health Insurance Portability and Accountability Act (HIPAA).

    D. Let the referral source know that since this is not an accepted practice within the organization, the facility cannot accept the referral for admission.

6. **Which of the following is NOT a way leaders can assure staff are following ethical practices?**

    A. Establishing an ethics committee to oversee policies.

    B. Providing ethics education only after an incident has occurred.

    C. Providing a confidential resource for reporting.

    D. Implementing measures to monitor activities by both employees and vendors.

Professionalism

Demonstrates personal and professional accountability. Fosters a professional and productive environment.

1. **As you begin your day, you are notified of staffing challenges and a survey and certification team arrives to follow up on a complaint. You specifically blocked off this morning to work on several high-priority reports. Your approaches to the day may include:**

   A. Assist the survey team to the designated work space. Let the facility staff know of the survey teams arrival. Review your calendar and delegate tasks appropriately.

   B. Continue your planned day without interruption. If the survey team needs anything, they will let you know.

   C. Drop everything and follow the survey team throughout their investigation.

   D. None of the above.

2. **Which of the following is an example of how you can ensure that educational growth is realistic and achievable?**

   A. Provide opportunities for staff members to attend seminars.

   B. Offer times to complete online webinar sessions.

   C. Provide staff members access to the organization's scholarship program.

   D. All of the above.

Professionalism (Continued)

Demonstrates personal and professional accountability. Fosters a professional and productive environment.

3. **As a resident you approved for admission is arriving from the hospital, the transportation personnel informs the nurses that the resident only speaks Portuguese. This information was available in the referral packet you received, but it was overlooked. Which action is most appropriate?**

    A. Return the resident to the hospital based on the realized language barrier and potential impact on care.

    B. Proceed with the admission, not knowing any Portuguese and keeping the resident's information private.

    C. Ask the hospital discharge planner which Culturally and Linguistically Appropriate Services (CLAS) approved translation service the hospital used and obtain the CLAS contact information.

    D. Assign the resident to a CNA that is from Portugal and ask the CNA to help translate for the admission.

4. **Differing opinions and viewpoints benefit the facility in many ways. Which of the following statements is TRUE?**

    A. Different views can be dangerous because they may lead to dissatisfaction and chaos.

    B. Through sharing different viewpoints in a collaborative manner, the facility can investigate ideas in a broader based way, which could lead to innovative change.

    C. Alternate opinions and divergent viewpoints may result in changes that interfere with facility functioning and should therefore be limited.

    D. Viewpoints that vary from accepted policy should be carefully reviewed and only leadership-informed.

5. **Following established processes to mentor a new administrator is not always needed if he/she has already completed an approved course of study and successfully passed a comprehensive examination.**

    A. True.

    B. False.

Congratulations, you completed the _behavioral_ competency assessment!

Please complete the steps below to reveal your assessment scores.

1. **Type your FIRST and LAST name in the box below.**

2. **Click "SUBMIT" to reveal your scores on the next page.**

   After clicking "SUBMIT," you will not be able to change your answers. Review responses before clicking "SUBMIT."

Scorecard: Behavioral Competencies

The scores below will not appear until you have clicked "SUBMIT" on the previous page.

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.

Competency	Your Score	Total	%
1) Change Management			
2) Communications and Relationship Management			
3) Critical Thinking			
4) Leadership			
5) Professionalism			
TOTAL			

Technical Competencies

Business Knowledge and Skills

Articulates business models for health care organizations and understands general accounting principles. Seeks broad business knowledge and understands the financial aspects of the business, as well as the implications of the business beyond own service area.

1. **Identifying who the stakeholders are within and outside of the organization is the first step in promoting the image of the facility and the care provided. Important stakeholders identified by the facility may include:**

   A. Residents and families.

   B. Community and referral sources.

   C. A and B.

   D. None of the above.

2. **In a competitive hiring market, the facility needs to satisfy and retain current employees to prevent openings that affect resident care. Incentives and recognition programs may include:**

   A. Celebrations for years of service, meeting goals, individual performance, as well as random acts of kindness.

   B. Competitive shift differentials and benefits compared to facilities in the geographic area.

   C. Other resources available to employees, such as flexible scheduling options.

   D. All of the above.

3. **If an employee is called back to the unit during his/her required unpaid meal break or stays over into the next shift to complete his/her work, the facility is required to pay him/her for the meal time or the additional hours.**

   A. True.

   B. False.

Business Knowledge and Skills (Continued)

Articulates business models for health care organizations and understands general accounting principles. Seeks broad business knowledge and understands the financial aspects of the business, as well as the implications of the business beyond own service area.

4. **To monitor that the facility is properly paid for services provided and to prevent collections issues, the administrator should:**

   A. Schedules weekly and as-needed reviews with the business office manager to discuss: days outstanding for resident accounts; the process for tracking and re-submitting claims and bills; and to strategize solutions for situations in which payments have lapsed.

   B. Ensures the organization is billing residents and third-party payers properly and retaining supporting documentation.

   C. Reviews accounts receivable on a monthly basis and relies on the staff to let him/her know of problems.

   D. A and B.

5. **Accounts payable reports there is an issue with providing supporting documentation for therapy charges. The department identifies that a portion of the bill calls for payment for which supporting documentation is not found. The administrator:**

   A. Pays the sum because there must be a reason for it.

   B. Meets with the therapy provider and rehab manager to discuss the unusual charge and the requirement that there be supporting documentation for all charges.

   C. Informs the therapy provider that billing without proper documentation is a potential ethical liability for the facility and monitors documentation for further concerns.

   D. B and C.

6. **You receive the monthly financial statements and, although census has been strong and improving, revenue over expenses does not reflect the outcome you expected. To determine the reasons behind performance results, areas of concern may include:**

   A. Census and Resource Utilization Group (RUG) levels are lower than anticipated, and several private pay residents have converted to Medicaid.

   B. Unplanned expenses, such as: additional supplies ordered to meet needs; labor cost increases because of overtime and several new hires going through orientation; increases in heating/cooling costs exceeding those planned for; and repairs that are not capital expenditures.

   C. The planned boiler replacement was completed.

   D. A and B.

Evidence-Based Practices

Delivers optimal health care outcomes by integrating current evidence with clinical expertise, resident/family preferences and values.

1. **Who is responsible for: listening to residents and families; learning about their customary routines and treatment goals; working with them to create a joint plan for their care; and making sure the resident's preferences are followed?**

   A. Director of social services.

   B. Nurse.

   C. Nursing assistant (CNA).

   D. All facility staff.

2. **Residents must proactively <u>opt out</u> of all experimental treatment or research participation as a condition of admission to a nursing facility.**

   A. True.

   B. False.

3. **When reviewing research articles, it is important to determine the reliability. Reliable information has most likely been:**

   A. Written by an RN.

   B. Reviewed by peers.

   C. Written by a physician.

   D. All of the above.

Evidence-Based Practices (Continued)

Delivers optimal health care outcomes by integrating current evidence with clinical expertise, resident/family preferences and values.

4. **Which of the following is the best source for locating the most current evidence-based guidelines and best practices in the administration of pneumonia vaccines?**

   A. WebMD.

   B. The facility infection control policy and procedure manual.

   C. The Centers for Disease Control and Prevention (CDC).

   D. Merck Manual.

5. **Your facility has implemented new scheduling practices to provide consistent staffing. Several very vocal staff members are unhappy with the change. As you consider the change's impact on your staff, you should:**

   A. Design a confidential process for soliciting feedback from staff and evaluate the results.

   B. Solicit feedback in an open forum meeting.

   C. Adjust the schedules of the staff who are complaining in order to accommodate their needs.

   D. B and C.

6. **Creating a culture of learning and innovation where all staff contribute to the success of the organization may includes:**

   A. Encouraging all staff to share new ideas and information learned.

   B. Including staff of varying positions to participate in improvement and auditing activities and provide leadership support and assistance.

   C. Listening to staff input and developing their ideas into possible actions using evidence-based resources.

   D. All of the above.

Human Resources

Acts decisively and with fairness, from employee hiring through termination. Works respectfully with people of different races, genders, cultures, ages and backgrounds. Identifies and empowers others to use their unique talents to enhance organizational effectiveness.

1. **Some things that may be discussed at performance review are:**

   A. Job performance.

   B. Goals for professional development.

   C. Accomplishments.

   D. All of the above.

2. **Performance improvement goals may include:**

   A. Seeking ways to assume responsibilities beyond your current job description.

   B. Being on time for all meetings, which shows your respect for other employees' time.

   C. Building relationships among peers to promote collaboration and discussion of new ideas.

   D. B and C.

3. **The facility is required to give equal opportunity to all individuals, regardless of their:**

   A. Job history, skills or abilities.

   B. Gender, race or age.

   C. Disability, ethnicity or religious beliefs.

   D. B and C.

4. **Outcomes of using a standardized interview process can be:**

   A. It limits the conversation and is not a good idea.

   B. Promotes consistency, allows for a better process of comparing applicants.

   C. Does not allow for personal expression.

   D. A and C.

5. **Which of the following is NOT an effective way for you to show appreciation to staff?**

   A. Holding events for special recognition.

   B. Assigning additional work because you know they can handle it.

   C. Offering treats and snacks.

   D. Saying thank you.

6. **Developing specific policies and procedures for professional development will help guide employees to:**

   A. Meet their performance evaluation goals.

   B. Advance their knowledge and remain current with skills, standards, rules and regulation.

   C. Provide care within their scope of practice.

   D. All of the above.

Informatics and Technology

Uses information and technology to communicate, manage knowledge, mitigate errors and support decision-making. Provides leadership and expertise when adopting and implementing information systems to improve resident care delivery.

1. **You should review and update Electronic Health Records/Electronic Medical Records (EHR/EMR) policies and procedures:**
   A. Annually.
   B. Whenever a regulation changes.
   C. When there is a change in functionality of the program.
   D. All of the above.

2. **Your facility has been asked to evaluate several different Electronic Health Record/Electronic Medical Record (EHR/EMR) systems. Important things to consider when evaluating these systems are:**
   A. Ease of use for the staff.
   B. Reports and functions available.
   C. Personal preference of leadership.
   D. A and B.

3. **An emergency backup plan for the Electronic Health Record/Electronic Medical Records (HER/EMR) should include the following:**
   A. Policies and procedures to follow.
   B. Education and training of all departments for the EHR backup plan and roles and responsibilities.
   C. Provision for the continuity of documentation of care.
   D. All of the above.

4. **Permitting the staff to do an internet-based search on computers at the nurses' station for nursing information is risky because nurses may access internet-based information that does not accurately support best practices and it increases the risk that viruses and malware can infect the system.**
   A. True.
   B. False.

5. **You may use a dashboard/informational pane, if available, to alert you of:**
   A. High risk/problem areas.
   B. Changes/new orders from the previous day.
   C. Admissions/return to the hospital.
   D. All of the above.

6. **Electronic Health Records/Electronic Medical Records (EHR/EMR) reports, if available, used to identify areas for improvement include:**
   A. Weight variance, task completion, risk management reports.
   B. Employee satisfaction reports.
   C. Resident satisfaction reports.
   D. All of the above.

Knowledge of the Health Care Environment

Understands the nursing home's role in the health care continuum and how it relates to other providers within the continuum of care. Knowledgeable of the functions of all departments in the nursing home and the services provided. Minimizes risk of harm to residents and providers through safety, system effectiveness and individual performance.

1. **The nursing home administrator ensures fire drills are completed, critiqued and documented as required.**

    A. True.

    B. False.

2. **During an inspection, a regulatory inspector can identify the value of the nursing home administrator, director of nursing services (DON/DNS) and staff in providing elder care services. Observations of value may include which of the following:**

    A. Residents are happy and well cared for.

    B. Staff are responsive to residents.

    C. Environment is clean and well maintained.

    D. All of the above.

3. **Contaminated laundry is defined as:**

    A. Laundry that was soiled with blood or other potentially infectious materials or may contain sharps.

    B. Only laundry that has been soiled with visible blood.

    C. Laundry that has stains that were not removed when washed.

    D. I don't know.

4. **You must record information on the Occupational Safety and Health Administration (OSHA) log about every work-related death or injury/illness that involves loss of consciousness, restricted work activity or job transfer, days away from work or medical treatment beyond first aid.**

    A. True.

    B. False.

Knowledge of the Health Care Environment (Continued)

Understands the nursing home's role in the health care continuum and how it relates to other providers within the continuum of care. Knowledgeable of the functions of all departments in the nursing home and the services provided. Minimizes risk of harm to residents and providers through safety, system effectiveness and individual performance.

5. You must keep the Occupational Safety and Health Administration (OSHA) log and summary for:

A. Five years following the year to which they pertain.

B. Two years following the year to which they pertain.

C. Seven years following the year to which they pertain.

D. Indefinitely.

6. Service animals could carry pathogens transmissible to humans. The risk for transmission is high, even with a healthy, clean, vaccinated, well-behaved and well-trained service animal, the most common of which are dogs and cats.

A. True.

B. False.

7. An external fire door is propped open, resulting in an unsafe condition. You should:

A. Remind staff to close the door by the end of their shift.

B. Instruct staff to correct the unsafe condition.

C. Instruct staff to correct the unsafe condition or correct it yourself if no one is around.

D. Check the immediate outside environment for eloped residents, close the door and validate the safety and location of all residents.

Knowledge of the Regulatory Environment

Understands and maintains current knowledge of federal, state and local healthcare regulations and policies that affect care delivery, cost, quality and access.

1. **You can find most federal documents related to nursing homes at www.cms.gov, under "Medicare" in the Quality, Safety & Oversight - Guidance to Laws & Regulations section.**

   A. True.

   B. False.

2. **Which document would you reference (online or via paper copy) when looking for guidelines on long-term care regulations?**

   A. Nursing Home Compare.

   B. Chapter 7 of the State Operations Manual.

   C. Appendix PP of the State Operations Manual.

   D. Life and Safety Code.

3. **The Survey and Enforcement Process for skilled nursing facilities is found in:**

   A. Appendix PP of the State Operations Manual.

   B. Chapter 7 of the State Operations Manual.

   C. Life and Safety Code.

   D. Chapter 2 of the State Operations Manual.

4. **Where can you find announcements concerning changes in long-term care regulations or policies?**

   A. Memos to state survey agency directors from the Centers for Medicare & Medicaid Services' (CMS) Center for Clinical Standards and Quality, Safety & Oversight Group.

   B. Chapter 4 of the State Operations Manual.

   C. Appendix PP of the State Operations Manual.

   D. I don't know.

Knowledge of the Regulatory Environment (Continued)

Understands and maintains current knowledge of federal, state and local healthcare regulations and policies that affect care delivery, cost, quality and access.

5. **The information on Nursing Home Compare comes from these key sources:**

   A. CMS's health inspection database and Payroll-Based Journal (PBJ) system.

   B. The Minimum Data Set (MDS) national database and Medicare claims data.

   C. A and B.

   D. None of the above.

6. **The Special Focus Facility Program is for nursing homes with a consistent history of serious quality issues.**

   A. True.

   B. False.

7. **If skilled nursing facilities are not in substantial compliance with regulations, remedies that may be imposed by CMS are:**

   A. Civil Money Penalty (CMP).

   B. Termination.

   C. Denial of payment on new or all admissions.

   D. Directed plans of correction or directed in-service.

   E. Temporary management and/or state monitoring.

   F. All of the above.

8. **The new Requirements of Participation (ROP) are being phased in over a three-year period. The final phase includes which major provision?**

   A. Inclusion of a designated infection preventionist role with evidence of completion of appropriate training.

   B. Renumbering of federal tags.

   C. Completion of a baseline care plan within 48 hours of a resident's admission to the facility.

   D. Dementia management and care of the cognitively impaired in-service training.

Person-Centered Care

Recognizes and supports the resident's right to make decisions about their health care and maintain control over their daily lives. Uses this knowledge to support the staff in providing compassionate and coordinated care based on respect for the resident's preferences, values and needs.

1. **A resident's need for physical and emotional closeness with a spouse or partner diminishes with illness and those needs do NOT need to be considered as part of the development of a person-centered plan of care.**

   A. True.

   B. False.

2. **Which of the following supports person-centered care when making nursing assistant (CNA) assignments in your facility?**

   A. Even distribution of the number of residents in each assignment.

   B. CNA preferences.

   C. Consistent assignments.

   D. Convenience for nursing staff.

3. **In a person-centered care environment, the inclusion of resident, representative and family in decisions related to care, 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.

Person-Centered Care (Continued)

Recognizes and supports the resident's right to make decisions about his/her health care and maintain control over his/her daily life. Uses this knowledge to support the staff in providing compassionate and coordinated care based on respect for the resident's preferences, values and needs.

4. **A resident often saves snacks and food in her room. The family tells you that the resident has always saved food because he/she is afraid of being hungry. Which of the following is a person-centered approach to this situation?**

   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.

5. **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.

6. **A resident tells you he/she does NOT want to be kept alive by machines. By 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. Arrange to have the nurse begin the procedure to get a do not resuscitate (DNR) order.

   C. Empathize with the resident's concerns and allow him/her time to verbalize fears.

   D. A and C.

Congratulations, you completed the _technical_ competency assessment!

Please complete the steps below to reveal your assessment scores.

1. **Type your FIRST and LAST name in the box below.**

2. **Click "SUBMIT" to reveal your scores on the next page.**

   After clicking "SUBMIT," you will not be able to change your answers. Review responses before clicking "SUBMIT."

Scorecard: Technical Competencies

The scores below will not appear until you have clicked "SUBMIT" on the previous page.

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

Competency	Your Score	Total	%
1) Business Knowledge and Skills			
2) Evidence-Based Practices			
3) Human Resources			
4) Informatics and Technology			
5) Knowledge of the Health Care Environment			
6) Knowledge of the Regulatory Environment			
7) Person-Centered Care			
TOTAL			

Scorecard: All Competencies

Behavioral		Technical	
Competency	**Your %**	**Competency**	**Your %**
Change Management		*Business Knowledge and Skills*	
Communications and Relationship Management		*Evidence-Based Practices*	
Critical Thinking		*Human Resources*	
Leadership		*Informatics and Technology*	
Professionalism		*Knowledge of the Health Care Environment*	
		Knowledge of the Regulatory Environment	
		Person-Centered Care	
TOTAL		*TOTAL*	