Temporary Feeding Assistant Skills Competency Checklist

To be used for new employees who complete AHCA/NCAL's Temporary Feeding Assistant Training Program (www.tempfeedingassistant.com)

ADAPT AS NEEDED FOR FACILITY PROCESSES

CMS DEFINITION §483.35 "Competency" is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

Many factors must be considered when determining whether or not facility staff have the specific competencies and skill sets necessary to care for residents' needs, as identified through the facility assessment, resident-specific assessments, and described in their plan of care.

All nursing staff must also meet the specific competency requirements as part of their license and certification requirements defined under State law or regulations.

Demonstration of Competency - Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.

Examples for evaluating competencies may include but are not limited to:

- Lecture with return demonstration for physical activities;
- A pre- and post-test for documentation issues;
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
- Reviewing adverse events that occurred as an indication of gaps in competency; or
- Demonstrated ability to perform activities that is in the scope of practice an individual is licensed or certified to perform.

Before the Meal

| Skill | Competency Date | Observed By |
|-------------------------------|-----------------|-------------|
| Ensure resident is | | |
| comfortable and clean. | | |
| Be sure the resident has | | |
| dentures in, glasses on, and | | |
| hearing aides in, as | | |
| appropriate. | | |
| Provide clothing protectors | | |
| as needed. | | |
| Ensure the resident is | | |
| positioned appropriately (ask | | |
| nursing staff to help | | |
| reposition as needed). | | |

How to Serve Trays

| Skill | Competency Date | Observed By |
|----------------------------|-----------------|---------------|
| emporary Feeding Assistant | | Date of Hire: |
| Name: | | |

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| Wash your hands, between each tray and between each resident. Carry the tray away from | | |
|--|-----------------|---------------|
| your body, one tray at a time. | | |
| Identify the tray by the name on the tray card. | | |
| Verify that the tray contains the right food for the right resident. | | |
| Identify the tray and place the tray within easy reach of the resident. | | |
| Feeding the resident | | |
| Skill | Competency Date | Observed By |
| Wash your hands before assisting a resident. Wash your hands between each resident. | | |
| Encourage independence as much as possible. | | |
| Don't rush the resident, allow them as much time to eat as needed. | | |
| Offer verbal cueing as needed to encourage the resident to eat. | | |
| Use physical prompts to get the resident back on track with eating, when needed. | | |
| Use hand-over-hand feeding techniques, when needed to assist resident to eat. | | |
| Provide total assistance with feeding, when resident is not able to feed self. | | |
| Monitoring Mealtime | | |
| Skill | Competency Date | Observed By |
| Allow residents ample time to eat at their own pace. | | |
| Encourage socialization | | |
| Temporary Feeding Assistant Name: | | Date of Hire: |

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| Remain pleasant and unhurried | |
|--|--|
| Monitor intake of residents during mealtime and identify problems with eating. | |
| Notify the nurse of residents who are having difficulty with eating and/or drinking. | |

Removing the Tray

| Skill | Competency Date | Observed By |
|-------------------------------|-----------------|-------------|
| Remove the tray after the | | |
| resident has finished eating. | | |
| Ensure that meal intake is | | |
| recorded, according the | | |
| facility policy. | | |
| Place used trays on the cart | | |
| after all clean trays have | | |
| been served, according to | | |
| your facility policy. | | |
| Wash your hands. | | |

| Temporary Feeding Assistant | Date of Hire: |
|-----------------------------|---------------|
| Name: | |