

ABC HOME HEALTH, INC INITIAL/ANNUAL HHA/CNA COMPETENCY AND OBSERVATION OF DUTY

OBSERVATION OF

ANNUAL COMPETENCY EXAM

ANNUAL COMPETENCY ASSESSME

CERTIFICATES

SIGN-IN SHEET

REPORTS

ABC Home Health, Inc.
Annual HHA/CNA Competency
Report

ABC Home Health annual HHA/CNA Competency took place on February 29, 2020. An additional make- up session was held on March 11, 2020.

The competency was conducted by Amity Healthcare Group in the classroom/skill lab based on CMS Requirements (§418.76(c)(1), §484.80(b)(3)(xv), §484.80(c)(1), §418.76(c)(1), §484.80(c)(1)).

Part I: Classroom/Skills Check: the classroom/skills check part of the HHA competency was provided by Amity Healthcare Group, LLC qualified instructors.

The following tasks were addressed in the classroom part of the competency and were evaluated through written examination and/or oral examination.

- Observation, reporting and documentation of patient condition and services provided
- Infection prevention and control
- Elements of body functioning and changes that must be reported to the supervisor
- Maintenance of a clean, safe and healthy environment
- Recognition of emergencies and knowing emergency procedures and their application
- Understanding physical, emotional and developmental needs of patient population and how to work to address those needs including need for respect, patient privacy and patient property
- Adequate nutrition and fluid intake
- Recognition and reporting of changes in skin
- Any other task that the Home Health

You will receive a written report with description of CNA/HHA competency, with reference to applicable Medicare Conditions of Participation as well as Accrediting Organizations Standards. In addition, the report will also include agency specific recommendations related to competency and observation of duty, as may apply.

**Amity Healthcare Group
5600 South Quebec St. Suite 310A
Greenwood Village, CO 80111
Phone: 303-690-2749 Fax: 720-398-6200**

**ABC Home Health, Inc.
Annual CNA Competency 2020 March 11, 2020
Sign in Sheet**

Name	Signature
Robert Brown	R. Brown
John Miller	J. Miller
Ann Davis	A. Davis

Don't Forget to Sign-In:

Staff will sign in at the beginning of the competency and a copy of a sign-in sheet will be provided for your records.

CERTIFICATE OF COMPLETION

this certifies that

John Smith

has successfully completed
Annual CNA/HHA Competency

Date: 02/29/2020

Signature: I.Gorovaya

Title: RN, BSN

Get a Credit!

A certificate of attendance will be issued to each attendee and a copy of all the certificates will be provided for you records as well.

ANNUAL COMPETENCY ASSESSMENT

Home Health Aide

Name: John Smith

Date of Employment: 4/23/2019 Date Completed: 2/29/2020

Self-Assessment 1 – Proficient 2 – Need Review 3 – No Experience	Home Health Aide Competency Assessment - Annual	Eval Method V - Verbal Test W - Written Test D - Demo	Competent Y/N	Preceptor Initials	Date
	Verbalizes and demonstrates understanding of the following:				
	1. Communication skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other agency staff	* D	Y	IG	2/29/20
	2. Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor	* W/V	Y	IG	2/29/20
	3. Maintenance of a clean, safe, and healthy environment	*W/V	Y	IG	2/29/20
	4. The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the individual's privacy	*W/V	Y	IG	2/29/20
				IG	2/29/20

Assess the Skills

CNAs/HHAs are competencied via various modes of evaluation (demonstration, written and verbal tests) by a qualified professional and Annual Competency Assessment form is completed for each CNA/ HHA in attendance. Our qualified preceptor /instructor will sign off on the Annual Competency Assessment and provide recommendations /training on the areas that are identified for improvement, as appropriate.

HOME HEALTH AIDE COMPETENCY EXAM

Employee's Name: John Smith Today's date: 3/11/20

Test scored by (signature of R.N.) I. Gorovaya

Satisfactory: X Unsatisfactory: —

I. Observation and Reporting

Score: 5 out of 5 correct

1. Mrs. House has a urinary catheter. She told the aide the catheter “is burning deep inside”. The aide noticed the urine in the catheter drainage bag is full of mucous and some small dark red clots. The aide should:
 - A. Call 911
 - B. Change the catheter drainage bag
 - C. Tell the patient to drink lots of orange juice
 - ☒ D. Call the registered nurse supervisor to report observations and burning sensation reported by the patient
2. The aide arrived at the patient's home. The aide should **immediately** report which of the following to the registered nurse case manager:
 - ☒ A. Severe pain unrelieved by
 - B. Lack of bowel move

Test the Knowledge

Home Health Aide competency exam is performed during the annual competency to evaluate knowledge in the areas of observation, reporting and documentation of patient condition and services provided, infection prevention and control, elements of body functioning and changes that must be reported to the supervisor, etc.

OBSERVATION OF DUTY

Employee Name: _____

John Smith

Date: 3/2/2020

☐ SN ☐ PT ☐ PTA ☐ OT ☐ COTA ☐ SLP ☐ SW ☒ HHA

Care observed: vital signs (BP, HR, resp., temp), light housekeeping,
communication/interaction with the patient

Professionalism:

- | | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 1 Arrives at schedule appointment on time | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 2 Wears appropriate clothing, ID badge | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| 3 Equipment / supplies available and used appropriately | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 4 Patient is familiar with staff and visit routine | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 5 Demonstrates respect for patient's rights and property | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 6 Maintains confidentiality | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 7 Communicates effectively with patient / family | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

Interventions:

- | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 1 Adheres/follows the written plan of care | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 2 Follows the current ordered frequency and duration | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 3 Identifies changes in patient status, notifies supervisor/MD as indicated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |

Observation of Duty

If your agency requires annual observation of duty, our qualified RN will complete a co-visit with each CNA/HHA during a scheduled home visit with your agency's patient and with patient's consent.

CNAs/HHAs will be observed and evaluated in the areas of Professionalism, Interventions, Reporting and Documentation, Infection Control and Safety.

**FOR QUESTIONS AND INQUIRIES REGARDING
OUTSOURCING YOUR CNA/HHA COMPTENCY
AND/OR OBSERVATION OF DUTY,
PLEASE CALL**

303-690-2749

OR SEND US AN EMAIL:

IG@AMITYHEALTHCAREGROUP.COM

THANK YOU!

A decorative graphic at the bottom of the page consisting of overlapping, curved shapes in various shades of teal and blue, creating a wave-like effect.